DOCUMENT RESUME

ED 361 307 SP 034 693

TITLE	Health Education (Senior 2) Curriculum Guide.
INSTITUTION	Manitoba Dept. of Education and Training, Winnipeg.
REPORT NO	ISBN-0-7711-1134-7
PUB DATE	93
NOTE	564p.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF02/PC23 Plus Postage.
DESCRIPTORS	Adolescent Development; Class Activities; Curriculum Guides; *Drug Education; Foreign Countries; Grade 10; *Health Education; *Health Promotion; High Schools; Learning Activities; *Mental Health; *Sexuality; Student Attitudes; Student Behavior
IDENTIFIERS	Manitoba; *Transition Management

ABSTRACT

This Senior 2 (grade 10) health curriculum guide is designed to accommodate the needs and developmental tasks of adolescents. The publication provides a course of instruction to help students choose and practice responsible behavior conducive to maintaining and enhancing health. The guide is organized into 5 units: (1) "Contributing to Community" discusses positive role models, health promotion, health supports, rights and responsibilities of group membership, and concern for environment and health; (2) "Responsibility to Self and Others" addresses personal safety, facts and misconceptions about alcohol and other drugs, the pharmacology of alcohol and other drugs, the continuum of use, misuse and problem use of alcohol and other drugs, defense mechanisms, attitudes about alcohol and other drugs, tobacco, and chemically dependent families; (3) "Responsible Sexual Behavior" considers abstinence, affection, using assertiveness skills, condom awareness (optional), AIDS/STD and social issues, and unplanned pregnancy, and it includes an AIDS/STD knowledge test; (4) "Mental Health" concentrates on the continuum of mental health, body image, and grief and loss; and (5) "Transitions" focuses on stages of family life, healthy relationships, and parenting as a future role. Suggested student activities, including case studies, provide opportunities to identify personal needs, assess attitudes and values, and explore and communicate various points of view. A bibliography provides an extensive list of print and audiovisual resources. (LL)

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1993

Health Education (Senior 2)

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OVERVIEW

OVERVIEW

INTRODUCTION

The Manitoba high school review, completed in June 1990, resulted in the proposal of a new program delivery model for Manitoba high schools, as outlined in ***Answering the Challenge: Strategies for Success in Manitoba Schools.***

Among the new curriculum requirements outlined in this New High School Program Model for both Senior 1 and Senior 2 is a compulsory one-credit course combining Physical Education and Health Education (including instruction in AIDS Education and Chemical Abuse). The Health component has been developed as a 55-hour unit of instruction. While Health Education has previously been offered at the Senior 1 (formerly Grade 9) level, it has not been a curriculum requirement for Senior 2.

This ***Health Education*** curriculum guide has been developed in response to the New High School Program Model. It comprises the program of instruction for Senior 2, implemented on a pilot basis in September 1992, with full implementation across the province in September 1993.

RATIONALE

Health Promotion

In Canada, during the past decade, there has been a growing trend in emphasis (in government and in the health professions) from treatment of health problems and disease to prevention and health promotion. This approach supports the World Health Organization's premise, formulated forty years ago, that health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (*Mental Health for Canadians*, 1988, p. 4). The World Health Organization's definition now states "Health promotion is the process of enabling people to increase control over and to improve their health."

Health constitutes quality of life and involves the integration and balancing of the physical, emotional, mental, social, and cultural dimensions of well-being. While personal wellness is, in part, determined by heredity, it is also influenced by a person's behaviours and by the individual's environment. The connection between health status and health-related behaviour and conditions has become increasingly evident with the identification of chronic diseases as the major cause of death in contemporary western society.

The shift in emphasis toward prevention and health promotion has been accompanied by an increasing awareness of the need to provide people with the necessary resources and supports. These resources and supports enable them to take responsibility for maintaining and improving their health and for creating the conditions that further enhance both the well-being of themselves and others. While health education alone cannot determine health-related behaviours, its role in implementing the goals of prevention and health promotion is crucial.

The Manitoba Health Education curriculum for Kindergarten to Senior 1 (Grade 9) is a sequential program consisting of the following interrelated units: Social-Emotional Well-Being, Physical Well-Being, Nutrition, Dental Health, Safety, and Community Health. The exploration of these topics throughout K-S1 emphasizes the interconnectedness of the various dimensions of health, and allows for concept development and reinforcement of learning.

The summary section, found at the end of each unit for each grade, "Promoting Positive Lifestyle Practices," is designed to reinforce healthy living. It includes activities to help the learner become

- aware of the relationships of health practices to total health (usually in the form of a personal assessment of health practices)

- knowledgeable of the importance of conserving well-being (at the individual and community level)

- be able to make responsible decisions that promote personal and community health (through the setting of health goals, and proposing and practising health action plans)

The health promotion emphasis of the K-S1 Health Education curriculum remains central to the Senior 2 Health Education course. Health issues are approached by

- valuing health
- enhancing well-being and quality of life, and with the goal of prevention
- reducing health risks
- preventing health problems

Students are provided with opportunities to develop the necessary knowledge, attitudes, and skills to recognize and use the resources that will enable them to

- maintain, improve and integrate their physical, emotional, mental, and social well-being
- create health-enhancing environments for themselves and others

Consistent with the K-9 Health Education program, Senior 2 Health integrates the various overlapping dimensions of health: physical, social, emotional, and mental. The new course provides exercises to help students consolidate and apply knowledge and skills learned in the Early and Middle Years and assess whether their knowledge is well-grounded. In addition, it offers content not directly explored in previous grade, focusing on health issues specific to the senior years age group. The topics chosen for this course are based on the needs and pressures students experience during their high school years, and the health risks to which youth are particularly vulnerable. Instead of focusing only on the behaviours to be changed in relation to health risks, the course also addresses the social world of young people.

It is now commonly acknowledged that health knowledge/information alone is not likely to result in positive health practices or change behaviour detrimental to health. Instead, students need to be actively involved in learning and receiving adequate supports to enable them to make appropriate and necessary changes in both attitude and behaviour.

Therefore, the course offers opportunities to deal with health issues that help students choose and practise responsible behaviour conducive to maintaining and enhancing health. The suggested student activities consist largely of opportunities to

- identify personal needs, assess attitudes and values
- explore and communicate various points of view
- practise giving assertive responses

Students learn to make responsible decisions through participating in small- and large-group discussion, observing and engaging in role play, creating scenarios, and debating case studies.

By allowing students to explore health issues within a supportive classroom environment, students gain familiarity with, and confidence in, the processes of making decisions and expressing attitudes, responding assertively to pressures, and choosing positive health practices. In this way, students are able to gain insight into their own and their peers' attitudes and behaviours relating to health, and to strengthen values and skills that promote health. By presenting students with choices, they are able to experience control over their own lives and thereby gain a sense of their own power by taking responsibility for their own health and for the well-being of others.

To enable students to see the interconnection between health and the social and physical environment, numerous student activities involve students in drafting or assessing school policies on certain health issues, for example, policies on smoking and alcohol. In this way, students are able to gain experience in seeing the connection between their own health and the environment in which they live. Activities of this nature can also raise student awareness about their responsibility. These activities give them a sense of ownership in setting school direction and establishing a health-enhancing school environment, thereby preparing them for full participation in society.

Comprehensive School Health

Comprehensive school health education is promoted by the Canadian Association for School Health and the Canadian Association of Principals as an effective means of improving both the health and learning ability of students. Studies have demonstrated that comprehensive school health education programs that include 40 to 50 hours of health instruction not only affect health knowledge and attitudes, but can also result in significant changes in health behaviours (Canadian Association of Principals, **AIDS: Preparing Your School and Community**, pp. 15-16).

The comprehensive school health approach to achieving goals of prevention and health promotion "holds that health instruction should be coordinated with school health services, within a healthful school and community environment" (H. Cameron, G. Mutter, and N. Hamilton, 1991, p. 2). Thus, health instruction in the school must be accompanied by the creation and maintenance of a healthy school environment and integrated with the efforts of parents, the community and health and social services agencies. With the integration/ coordination of instruction, services and environment, school health programs can empower students and the community in which they live to alter their health-related behaviours as well as the environments that influence them. In this way, health promotion can be mutually reinforcing and supportive and the positive results can be multiplied both in terms of health and education (pp. 2, 4).

The successful implementation of health goals also requires the integration of health-promoting public policy and the further integration of such policy with advertising. Clearly, then, a school-based prevention and health promotion program is the joint responsibility of educators, students, families, the community and health organizations, in cooperation with government departments and the media (see diagram on page 10).

Coordination of Health Education and Health Services

The emphasis on coordination of health instruction and health resources reflected in the curriculum is supported by the composition of the Health Education Steering Committee, which includes health educators and administrators representing various urban and rural school divisions and health organizations, as well as law enforcement personnel. The expertise of other professionals working in various educational and health areas was also sought throughout the development of the curriculum. Such diverse representation in the design of the Health Education curriculum is an attempt to establish the kind of partnership between school and community and inter-agency collaboration perceived to be essential to comprehensive school health education programs.

Various resources are suggested below in the interest of encouraging coordination of health instruction with complementary health services and community supports:

Agencies for School Health. *ASH Resource Directory.* Winnipeg, MB: ASH. This directory is updated and mailed to Manitoba schools annually.

Alcoholism Foundation of Manitoba. *Healthy Choices: Information and Issues About Alcohol and Other Drugs.* Winnipeg, MB: AFM, 1991.

Queens's University, Social Program Evaluation Group. *Skills for Healthy Relationships: A Program about Sexuality, AIDS and Other STD.* Field test version. Kingston, ON: Queen's University, 1991. This resource has been adapted for use in Unit 2 of Health Education, Senior 2.

YWCA Westman Women's Shelter. *Toward Healthy Relationships: A Resource Guide for Adolescents Designed to Examine and Prevent Violence.* Brandon, MB: YWCA Westman Women's Shelter, 1992.

Also, see Bibliography.

Health-related curriculum guides and support materials provided by Manitoba Education and Training include

- **AIDS Education: High School** (1989)
- **Family Life Education: An Optional Health Education Unit** (Grades 5, 7 and 9) (1990)
- **Family Studies** (Grades 10-12) (1988)
- **Food and Nutrition** (Grades 10-12) (1988)
- **Health Education** (Separate guides for Kindergarten to Grade 9) (1988)
- **Preventing and Coping with Suicide: Resource Materials for School and Staff and Students** (1987)
- **Skills for Independent Living** (Senior 2) (1992)
- **Violence Against Women: Learning Activities to Prevent Violence Against Women** (Senior 1-4) (1991)

Developmental Stages of Adolescents

The Senior 2 Health Education curriculum has been designed to accommodate the needs and developmental tasks of adolescents. The primary task is the establishment of identify.

In adolescence the potential for achievement of holistic development is related to satisfaction of felt needs.

- **Self-importance.** Adolescents need to feel that they possess a special significance if they are to have a feeling of self-worth.

- **Introspection and self analysis.** Adolescents need time to analyze and evaluate the self to establish a personal identify.
- **Sample identities.** The adolescent must experiment with various social roles and test different aspects of her/his own personality as s/he forms a personal identity.
- **Make a difference.** Adolescents have a need to be recognized, esteemed, and appreciated, and to feel that they make a difference.
- **Assertion of primacy.** The adolescent has a need to establish the primacy of self and to master the environment.
- **Intimacy.** The adolescent needs to be loved and respected and to be involved in close personal relationships.

The developmental tasks of adolescence will enable students to

- acquire a set of values and an ethical system as a guide to behaviour
- achieve new and more mature relations with age-mates of both sexes
- desire and achieve socially responsible behaviour
- achieve an acceptable social role
- accept their physique and use their body effectively
- achieve emotional independence from parents and other adults
- prepare for an economic career

Source: J. Mitchell and R.J. Havighurst, 1974, p. 2.

Each of the tasks to be learned promote healthy living and satisfactory growth and development. Failure to meet the developmental tasks may delay progress within adolescence and toward adulthood. Arrested or incomplete development at one stage hinders the development of future stages, and may result in personality and behavioural aberrations and poor quality health practices. The acquisition of health skills occurs most efficiently when a person is sufficiently mature for a particular learning experience.

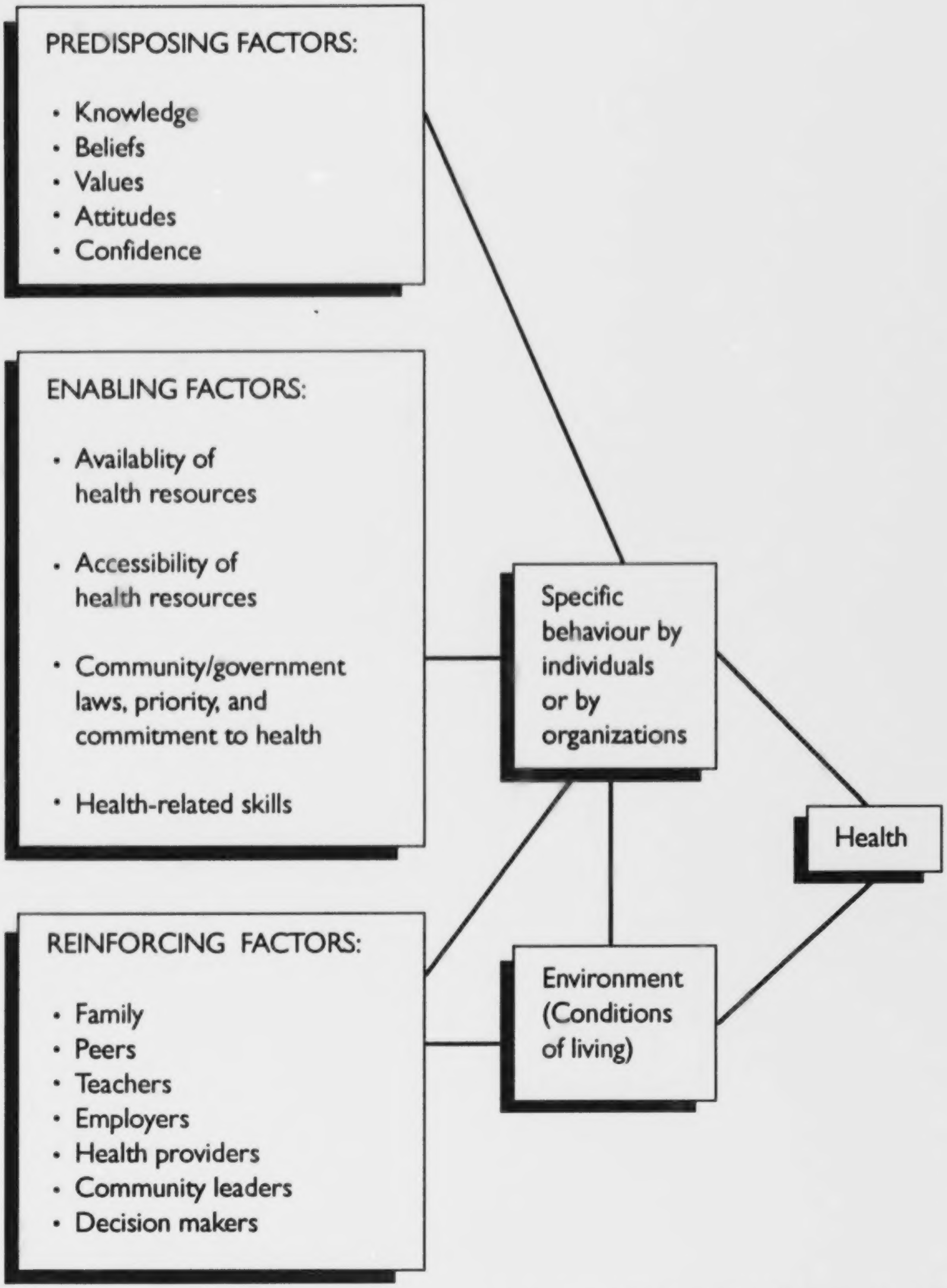
GOALS AND OBJECTIVES

Program Goals

The Senior 2 course in Health Education will help students to

- establish course objectives and develop a comfortable classroom atmosphere for discussing health issues

- recognize ways of being a positive role model (i.e., to younger children, peers, adults)



PREDISPOSING FACTORS:

- Knowledge
- Beliefs
- Values
- Attitudes
- Confidence

ENABLING FACTORS:

- Availablity of health resources
- Accessibility of health resources
- Community/government laws, priority, and commitment to health
- Health-related skills

REINFORCING FACTORS:

- Family
- Peers
- Teachers
- Employers
- Health providers
- Community leaders
- Decision makers

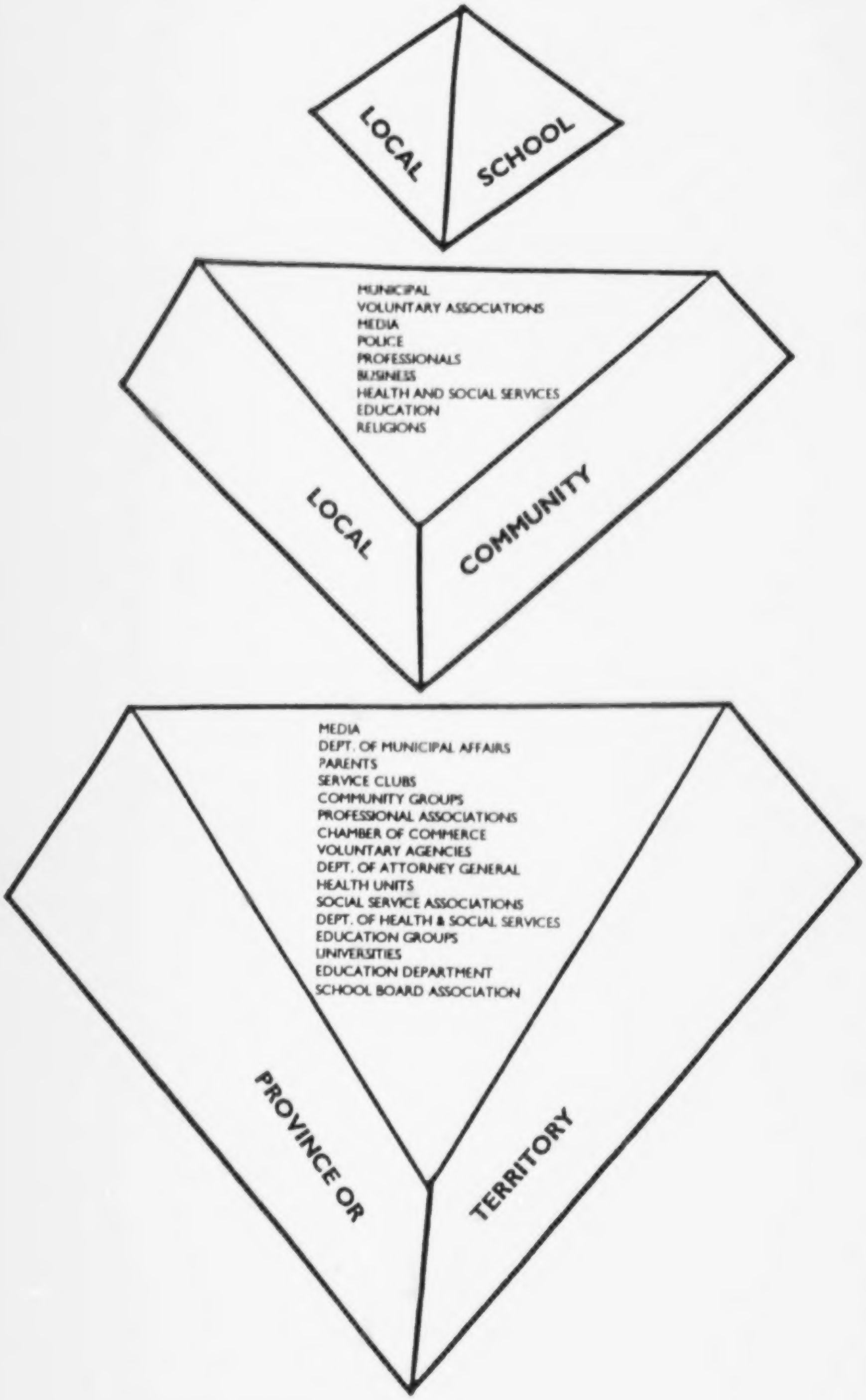
Specific behaviour by individuals or by organizations

Environment (Conditions of living)

Health

Adapted from: L.W. Green & M. W. Kreuter. Health Promotion Planning – An Educational and Environmental Approach (2nd Ed.). CA: Mayfield 1991, p. 153.

Building the Pyramid of Comprehensive School Health


LOCAL
SCHOOL
MUNICIPAL
VOLUNTARY ASSOCIATIONS
MEDIA
POLICE
PROFESSIONALS
BUSINESS
HEALTH AND SOCIAL SERVICES
EDUCATION
RELIGIONS
LOCAL
COMMUNITY
MEDIA
DEPT. OF MUNICIPAL AFFAIRS
PARENTS
SERVICE CLUBS
COMMUNITY GROUPS
PROFESSIONAL ASSOCIATIONS
CHAMBER OF COMMERCE
VOLUNTARY AGENCIES
DEPT. OF ATTORNEY GENERAL
HEALTH UNITS
SOCIAL SERVICE ASSOCIATIONS
DEPT. OF HEALTH & SOCIAL SERVICES
EDUCATION GROUPS
UNIVERSITIES
EDUCATION DEPARTMENT
SCHOOL BOARD ASSOCIATION
PROVINCE OR
TERRITORY

Source: Canadian Association for School Health

- increase awareness of leadership, advocacy, and volunteer abilities related to comprehensive health within the various social communities
- recognize that people need support in maintaining physical, emotional, mental, and social health
- recognize the rights and responsibilities of individual youth as members of their various communities
- adopt behaviours that reflect concern for the environment and health
- recognize risky situations and choose behaviour that maximizes safety of self and others
- demonstrate and assess the accuracy of knowledge about the nature and effects of alcohol and other drugs
- recognize the major short-term and long-term physical and psychological effects of three drug categories: depressants, stimulants, and hallucinogens
- develop an understanding of the successive stages of the drug use continuum culminating in chemical dependency, and to learn to recognize the changes in various areas of a person's life, resulting from harmful involvement with alcohol and other drugs
- investigate the role of defense mechanisms in maintaining and supporting problems such as alcohol and other drug use and dependency
- examine personal and societal attitudes toward the use, misuse, and problem use of alcohol and other drugs
- gain a better understanding of why people smoke and how to quit smoking, and to help eliminate smoking from the environment
- develop an understanding of the impact of chemical dependency on the families and friends of chemically dependent persons, and to become familiar with available community resources
- understand reasons for sexual abstinence and be aware of personal decisions and actions which help in maintaining abstinence
- know ways of showing physical affection without sexual intercourse and understand their importance
- understand the importance of assertive communication regarding sexual behaviour
- examine knowledge about HIV/AIDS and other STDs needed to make healthy relationship decisions in order to avoid sexually transmissible diseases

- assess and increase awareness of safer sex guidelines and behaviours

- appreciate the health and moral implications of sexual activity for self and others

- appreciate the responsibilities involved in preventing unplanned pregnancy

- recognize mental health as a continuum ranging from optimal mental health to situations requiring professional medical and other community supports

- accept, value, and protect one's own body

- increase awareness of experiences of loss and grief and to learn how to support those who are in the process of dealing with loss and grief

- understand the importance of transitions in life and helpful resources

- analyze the effect of transitions on various stages of the life cycle

- recognize characteristics of healthy relationships and indicators of abusive relationships

- recognize the importance of effective parenting

Program Objectives

INTRODUCTION

Introduction to Health Education

Students should be able to

- understand the importance of establishing a positive classroom atmosphere
- explore their personal concept of what constitutes health
- recognize the potential of this course to help develop the attitudes and skills necessary to promote and practice health-enhancing behaviour
- know the major components and emphases of the Senior 2 Health Education course
- understand the process of assessment that will be used to evaluate performance in this program

UNIT 1: CONTRIBUTING TO COMMUNITY

Positive Role Models

Students should be able to

- understand the term "role model"
- recognize and reflection the impact of a positive role model in their lives

- assess how they could serve or have served as positive role models for others

Health Promotion

Students should be able to

- understand that they are part of four important social groups: family; peer and friendship groups; school community; and neighbourhood and community
- recognize ways in which young people are presently contributing to the promotion of physical, emotional, mental, and social well-being in each of the four social groups
- recognize adults in the community who have made significant contributions to community health in each of the four social groups

Health Supports

Students should be able to

- recognize available health-related community resources to support people's needs
- know community supports available to young people

Rights and Responsibilities of Group Membership

Students should be able to

- differentiate each of the four community groups, issues of law, order and justice that relate to their own development as healthy individuals
- recognize some of the short-term and long-term consequences for young people who choose to ignore or break the rules and laws of their various communities

Concern for the Environment and Health

Students should be able to

- know personal health risks resulting from environmental interference and damage
- choose to adopt a behaviour that is environmentally responsible and healthy

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

Personal Safety

Students should be able to

- recognize personal health limitations that may place a person at risk

- develop healthy attitudes and behaviours related to being a passenger in a vehicle or an operator of a vehicle
- develop a healthy respect for potentially unsafe rural and urban environments
- develop prevention skills related to acquaintance assault

Facts and Misconceptions about Alcohol and Other Drugs

Students should be able to

- review, demonstrate and assess their current knowledge about alcohol and other mind-altering drugs
- recognize some of the facts and misconceptions about the nature and effects of alcohol, marijuana, LSD (lysergic acid diethylamide), and cocaine

The Pharmacology of Alcohol and Other Drugs

Students should be able to

- recognize three major classifications of mind-altering drugs: depressants, stimulants, and hallucinogens
- know examples of drugs acting on the central nervous system as depressants, stimulants, and hallucinogens and their effects
- recognize the major negative short-term and long-range physical and psychological effects of the three major drug categories
- develop an understanding of addiction and chemical dependency

The Continuum of Use, Misuse and Problem Use of Alcohol and Other Drugs

Students should be able to

- understand some of the reasons young people begin and continue to use alcohol and other drugs
- view alcohol and other drug use on a continuum ranging from non-use to dependent use
- recognize various areas in a person's life which can be negatively affected by alcohol and other drug use
- understand the importance of looking at and recognizing problems and changes in many life areas resulting from alcohol and other drug use
- develop an understanding of the term "chemical dependence"
- recognize reasons why people continue to use alcohol and drugs despite the negative consequences and problems resulting from their use

Defense Mechanisms

Students should be able to

- explain the meaning of the term "defense mechanisms"
- appreciate the distinction between healthy and harmful use of defense mechanisms
- understand the relationship between denial and the development of alcohol and other drug problems and chemical dependency
- demonstrate various defense mechanisms in role play
- recognize various forms of denial being used in given situations
- recognize their own unhealthy use of defense mechanisms and suggest healthy alternatives

Attitudes about Alcohol and Other Drugs

Students should be able to

- understand the meaning of the term "attitude"
- explore their own attitudes toward the use, misuse, and problem use of alcohol and other drugs
- recognize that people's attitudes may differ widely
- understand how attitudes evolve and change through personal experiences, exposure to information and the influence of others
- recognize that one's attitudes are reflected in one's behaviour

Tobacco

Students should be able to

- understand why people smoke
- recognize sources of secondhand smoke
- recognize barriers to quitting smoking
- recognize strategies and supports that can help people quit smoking
- describe ways to help eliminate smoking from the environment

Chemically Dependent Families

Students should be able to

- know some common characteristics of families affected by alcohol and other drug dependency
- explain some feelings commonly experienced by children in chemically dependent families
- describe ways in which chemically dependency in a family may complicate or impede healthy adolescent development
- portray and/or recognize behaviours and feelings of family members affected by chemical dependency in a given role play scenario
- recognize that children are not responsible for causing or curing a family member's dependency on alcohol or other drugs
- recognize the importance of seeking support in coping with chemical dependency in the family

- know some resources available to children, young people, and families affected by chemical dependency.

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

Considering Abstinence

Students should be able to

- recognize the importance of making conscious, informed decisions regarding sexual behaviour
- recognize that setting limits to sexual activity is an important health and moral decision
- understand the terms "abstinence" and "sexual intercourse"
- recognize factors to consider when deciding whether to delay or participate in sexual intercourse
- recognize common reasons for abstaining from sexual intercourse and consider the implications
- consider problems that might arise when partners disagree about abstaining from sexual intercourse
- state reasons for a return to abstinence after having participated in sexual intercourse
- consider circumstances in which it would be acceptable for a person to participate in sexual intercourse in the future
- recognize the importance of guidelines (decisions and actions) to help a person abstain from sexual intercourse

- apply particular guidelines to scenarios to indicate how they can help a person in a particular situation to abstain from sexual intercourse
- recognize why guidelines for abstinence are helpful

Affection Is In

Students should be able to

- understand the term "affection"
- recognize ways of showing physical affection other than sexual intercourse
- recognize ways of showing physical affection which are consistent with personal values
- recognize the importance and possibility of communication with a partner about ways of showing physical affection

Using Assertiveness Skills

Students should be able to

- appreciate the importance of respecting personal needs and values in a relationship
- recognize sources of external pressures affecting sexual behaviour
- distinguish between passive, assertive, and aggressive behaviour
- enhance their understanding of the importance of assertive communication in a relationship

- recognize assertive responses to resisting pressures regarding sexual behaviour
- strengthen skills in resisting pressure and resolving conflict

AIDS/STD Knowledge Test

Students should be able to

- demonstrate and assess their current knowledge about HIV/AIDS and other STDs
- increase their knowledge of sexually transmissible diseases, including HIV/AIDS

Condom Awareness (Optional)

Students should be able to

- assess their current knowledge about condoms
- consider general attitudes about condoms
- know ways/places to obtain a condom
- understand how to use a condom

AIDS/STD and Social Issues

Students should be able to

- increase awareness of social issues related to AIDS
- recognize the types of STDs and the consequences of risky sexual behaviour

- demonstrate current knowledge about sexually transmitted diseases in responding to a given case study or preparing a report on an STD
- expand their knowledge about STDs

Unplanned Pregnancy

Students should be able to

- consider the risks and consequences of unplanned pregnancy
- appreciate that decisions about one's sexual life have important health and moral implications for self and others

UNIT 4: MENTAL HEALTH

The Continuum of Mental Health

Students should be able to

- understand that mental and emotional health influences and is influenced by all dimensions of a person's life
- understand that the mental health status of every individual is a result of internal and environmental factors, and can change given major stress
- describe mental health problems/mental disorders
- recognize some internal and external factors that influences the mental health status of each individual

- recognize factors that contribute to optimal mental health
- recognize some life events that are major sources of stress for young people
- recognize healthy ways of responding to stressful life events
- recognize mental disorders
- describe some of the major categories of mental disorders
- know some major causes of mental disorders
- know some treatments of mental disorders
- explore and assess personal and societal attitudes towards and beliefs about persons who suffer from mental health problems and mental disorders
- know intervention strategies for helping others deal with mental health problems and disorders
- know locally available community-based mental health resources
- know various categories of mental health workers and describe their respective roles and qualifications.

Body Image: Steroid Use and Eating Disorders

Students should be able to

- understand the terms "physique," "body type," and"body image"
- appreciate the uniqueness of each person's body structure
- know the three basic body types (somatotypes)
- appreciate their own body type
- analyze the social-emotional aspects of idealizing a particular male and female body image
- understand the various uses of steroids
- recognize the ethical concerns and health risks associated with anabolic steroid use
- consider the short- and long-term consequences of steroid abuse
- analyze the social-emotional aspects of preoccupation with food, weight, and body image
- know that most victims of eating disorders are female
- know the social-emotional aspects of food intake
- recognize the range of conditions included in the term "eating disorders"
- recognize the major types of eating disorders: weight preoccupation, anorexia and bulimia
- recognize the relationship between self-esteem and eating disorders
- know how and where help may be obtained if they themselves or if friends or family members display signs of eating problems or eating disorders

Grief and Loss

Students should be able to

- recognize experiences creating a sense of loss and grief
- appreciate the importance of expressing and dealing with loss and grief

- appreciate that each individual and cultural group has unique ways of responding to loss and grief
- understand the different mechanisms used in coping with loss and grief
- recognize the range of emotions that may be experienced in the process of dying
- develop an awareness of how one can support others in dealing with the death of a friend or family member
- know where to obtain help in coping with loss and grief, should the need arise

UNIT 5: TRANSITIONS

Transitions Defined

Students should be able to

- understand the meaning of transitions
- analyze transitions and resources for dealing with them

Family Life Stages

Students should be able to

- understand family life stages
- analyze transitions at several family stages

Healthy Relationships

Students should be able to

- recognize future roles in healthy relationships
- know some criteria for identifying relationship problems
- recognize violence prevention strategies in relationships

Parenting as a Future Role

Students should be able to

- recognize the importance of parenting as a future role
- understand parent qualifications
- understand the basic needs of an infant
- understand some developmental stages of children
- recognize the importance of guiding children and building self-esteem
- recognize the process by which people learn parenting skills

IMPLEMENTATION

The Senior 2 Health Education curriculum consists of 55 hours of instruction beginning with an introductory lesson, followed by five units, each of which is further divided into several topics (see the "Scope and Sequence" chart outlined on the following page). The

SCOPE AND SEQUENCE

INTRODUCTION

1.0 Introduction to Health Education

UNIT 1: CONTRIBUTING TO COMMUNITY

1.0 Positive Role Models
2.0 Health Promotion
3.0 Health Supports
4.0 Rights and Responsibilities of Group Membership
5.0 Concern for Environment and Health

UNIT II: RESPONSIBILITY TO SELF AND OTHERS

1.0 Personal Safety
2.0 Facts and Misconceptions about Alcohol and Other Drugs
3.0 The Pharmacology of Alcohol and Other Drugs
4.0 The Continuum of Use, Misuse and Problem Use of Alcohol and Other Drugs
5.0 Defense Mechanisms
6.0 Attitudes about Alcohol and Other Drugs
7.0 Tobacco
8.0 Chemically Dependent Families

UNIT III: RESPONSIBLE SEXUAL BEHAVIOUR

1.0 Considering Abstinence
2.0 Affection Is In
3.0 Using Assertiveness Skills
4.0 AIDS/STD Knowledge Test
5.0 Condom Awareness (Optional)
6.0 AIDS/STD and Social Issues
7.0 Unplanned Pregnancy

UNIV IV: MENTAL HEALTH

1.0 The Continuum of Mental Health
2.0 Body Image: Steroid Use and Eating Disorders
3.0 Grief and Loss

UNIT V: TRANSITIONS

1.0 Transitions Defined
2.0 Family Life Stages
3.0 Healthy Relationships
4.0 Parenting as a Future Role

guide is designed in a three-column format with the following column headings: "Objectives," "Suggested Student Activities," and "Teacher Notes."

The first column outlines general instructional objectives and the adjacent column suggests a variety of student activities for each objective along with specific desired learning outcomes. Activities are varied and sequenced, progressing from a simple to a more complex understanding of the concepts.

Some flexibility is provided in the student activities, allowing the teacher and students to make appropriate activity choices in order to reach the stated objectives. The final column includes additional information and resources to assist the teacher in carrying out the instructional strategies with the class, and some advice on the handling of sensitive issues.

An understanding of the intent, structure, and expectations of this program and careful planning of instruction are essential for successful implementation. Each school will be able to adapt the curriculum to meet the needs of students within the local community. The program can be enriched through the participation and support of local organizations and agencies.

Community resources facilitate the program by enabling teachers to

- survey the community for the purpose of identifying a pool of appropriate resources
- find ways of using resource persons without imposing on their time and professional obligations, e.g., videotape the visit of a resource person for future use
- plan jointly with the resource person, thereby ensuring the most effective way of providing information
- plan both for the short- and long-term, in order to clarify expectations for group visits to a community site

Time Allotment

Introduction	2 hours
Contributing to Community	8 hours
Responsibility to Self and Others	15 hours
Responsible Sexual Behaviour	10 hours
Mental Health	15 hours
Transitions	5 hours

Teacher Selection

Several high school programs such as Food and Nutrition, Family Studies, Family Life Education, Skills for Independent Living, and Guidance are, in subject content, closely related to Health Education. While a strong background in related subject content is an important consideration for the selection of a teacher for the course in Health Education, other criteria must also be taken into account. For example, teachers will be able to

- feel comfortable with the process approach
- be motivated to teach the course
- have excellent rapport with students

The following suggestions are provided to assist in identifying a suitable teacher for the program

- **Consider the curriculum units.** In reviewing the curriculum, give particular attention to the goals, themes, and objectives. Note that the content and instructional approaches of certain specialized subject areas are similar to those recommended for Health Education.

- **Consider the "Process" skills of the teacher.** Determine whether the teacher feels comfortable with activities such as group work, discussion, brainstorming, and role-play.

- **Consider a team approach.** If the school size warrants more than one teacher, try forming a group of teachers who will work well together. This team approach will encourage teachers to share ideas and to work collaboratively with others, and may result in effective team teaching.

- **Consider asking for volunteers.** Those who feel comfortable with the approach and subject matter will be more willing to take on a new program. Because a new course such as this requires enthusiasm, commitment, and extra work, a teacher who voluntarily assumes the task may present a more effective program to students.

Teaching Methodology

In addition to providing information and fostering conceptual understanding, this program must involve students as actively as possible. The diversity of student experience and the variety of student skills necessitate a process-oriented instructional approach. This approach enables teachers to

- create a safe, interactive environment in which students are allowed to explore, develop and assess their views, values and emotions
- encourage students to share their ideas with others and to consider alternative points of view
- give students an opportunity to reflect on and to personalize ideas and information gleaned from the course and from other students
- structure the subject matter to meet a variety of individual student needs
- use a variety of instructional techniques such as small- and large-group discussion, presentations, lectures, role playing, questioning and investigations, and problem solving

- provide opportunities for students to identify and become acquainted with various community health resources through guest speakers, and community study projects

Implications for Administrators

The Health Education curriculum is intended to provide a comprehensive program that will enable students to adopt and practise behaviour that enhances personal and community well-being. To this end, the support of administrative personnel to the classroom teacher, students, parents, and community is necessary.

To ensure the success of the Health Education program, school administrators are to

- gain knowledge about the new curriculum and its philosophy, goals and objectives, and encourage the same in teachers
- recognize the importance of Health Education in promoting health
- develop a realistic implementation plan for introducing and maintaining the program
- understand the importance of ensuring adequate and scheduled time for Health Education instruction, according to the guidelines of Manitoba Education and Training
- provide adequate materials to support a new curriculum
- support and encourage the entire teaching staff to participate in in-services, training courses, workshops, university classes, and other professional development on health-related topics
- plan in-service days with the assistance of Manitoba Education and Training to enhance teachers' ability to use the new curriculum at the Senior 2 level
- recognize the need for a variety of media and library resources, and classroom reference materials to support the new curriculum
- monitor the progress of the program and its effectiveness on health behaviour patterns of students

Evaluation

The evaluation of student achievement is an important aspect of the total education process. It involves making judgments about student progress and achievement in relation to program objectives. Evaluation is based on the results derived from a variety of activities. Evaluation is a process whereby the teacher and the student combine the assessment data to develop a profile of the student's achievement and needs.

Since numerous topics and teaching strategies are introduced within this curriculum, a variety of evaluation techniques must also be used in order to measure fairly whether the objectives include regular assignments, group work, tests, reports, observational evaluation, and self-evaluation.

Because Health Education is a process/activity course, students can receive credit for effective participation. Activities involve

- listening
- communication
- cooperative enterprise
- responsibility
- reliability
- imagination
- creativity
- use of new skills
- understanding
- presentations
- individual work

These activities provide an indication of student learning.

In addition to teacher evaluation, student self-evaluation may be used effectively for some components of this course. Students are asked to rate their own participation. They may assess changes in their understanding of basic concepts, their analytical and problem-solving skills, and their knowledge. Finally, they can assess whether participation in the course has made them more willing to reach decisions and to act on them.

In selecting appropriate evaluation techniques for students, teachers should consider the following

- The evaluation procedure reflects the course content covered and the purposes for which the results will be used.
- The greater the variety of evaluation techniques used, the greater the likelihood of making fair judgments.

  Motivation and achievement are affected by the type of evaluation method chosen.
- The intent of an objective and the method used to evaluate fulfilment of the objective are related.
- To be sound, the evaluation procedure selected must measure its intended content.
- The type of subject matter taught affects the choice of evaluation techniques.
- Attitudes are more likely to be positive if students participate in determining objectives, selecting means of evaluation, and evaluating their own progress.
- When learners use self-evaluation techniques, they are better able to identify their own needs and to take initiative in learning. Student self-evaluation constitutes approximately 25 percent of the grade.

INTRODUCTION

INTRODUCTION

1.0 Introduction to Health Education

MAJOR OBJECTIVE: To establish course objectives and develop a comfortable classroom atmosphere for discussing health issues.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 1.1 understand the importance of establishing a positive classroom atmosphere	Brainstorm a list of class attributes or behaviours that are conducive to establishing a positive atmosphere for the discussion of health issues.	Record student suggestions of the various ways in which a positive discussion atmosphere can be established in a classroom. Suggestions could include the following factors • everyone belongs • everyone has the right to "pass" in a discussion • one person speaks at a time
1.2 explore their personal concept of what constitutes health	Individually, complete the sentence, "Health is ...."	Give each student a sheet of paper containing the incomplete statement, "Health is ...."

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Allow students a maximum of five minutes to reflect on what they understand health to be and complete the health statement. Have volunteers share their answers and record definitions on the board, a flip-chart or an overhead transparency. Have students assess the definitions to determine which of the following dimension(s) of health each statement describes: physical, social, emotional, mental, cultural, spiritual, etc. Have students consider a personal definition or a definition for use in their school. Point out that the various dimensions of well-being are overlapping and interrelated.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.3 recognize the potential of this course to help develop the attitudes and skills necessary to promote and practice health-enhancing behaviour	Participate in a lecture/discussion on what is meant by "health promotion" and "comprehensive school health."	Briefly discuss the rationale and goals of this course, emphasizing the concepts of health promotion and comprehensive school health addressed in the "Overview" of this guide. A definition of health that fits with "comprehensive school health" is desirable.
	Participate in a teacher-led discussion regarding the major components and emphases of this course.	Provide students with a brief overview of the anticipated course content and give a general outline of the expectations for the course. (See Scope and Sequence Chart in the "Overview.")
		Indicate to students that the course will address health issues relevant to their age group. The topics chosen for this course are based on the needs and pressures students experience during high school years and the vulnerability of young people to particular health risks.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Encourage active student involvement through participation in activities such as small- and large-group discussion, role play, debating of case studies. These activities provide students with opportunities to identify personal needs, assess attitudes and values, explore and communicate various points of view, and practice assertiveness and responsible decision making in a supportive atmosphere.
1.4 know the major components and emphases of the Senior 2 Health Education course	Identify health areas of particular interest or concern. Privately, record a list of expectations for this course and keep the list for future reference.	Ask students to indicate topics of particular interest and concern. Have them write down their personal expectations for this course.
1.5 understand the process of assessment that will be used to evaluate performance in this program	Discuss the performance expectations of this course.	Discuss with students the variety of evaluation techniques that will be used throughout this course.

UNIT I

CONTRIBUTING TO COMMUNITY

UNIT 1: CONTRIBUTING TO COMMUNITY

1.0 **Positive Role Models**

MAJOR OBJECTIVE: To recognize ways of being a positive role model, i.e., to younger children, peers, adults.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 1.1 understand the term "role model"	In a large group develop a definition of the term "role model."	Have students brainstorm ideas on what it means to be a role model and develop a class definition of the term.
1.2 recognize and reflect on the impact of a positive role model in their lives	Individually, identify someone who has had a major positive influence on your personal well-being.	Have students, on their own, identify a role model who has had a major positive influence on their healthy development as individuals. Have them consider ways in which the person selected has enhanced their physical, emotional, mental, and social well-being.

70

71

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.3 assess how they could serve or have served as positive role models for others	In a small group, share and discuss individually selected examples.	Divide the class into small groups and have them discuss the influence of the individually selected role models.
	Working individually or in a group, communicate views about the positive influence of a role model, using writing, role playing or visual, oral, or other means of expression.	Give students the option of sharing with the class their reflections on the impact of a positive role model in their lives, using a medium of their choice, e.g., role playing, writing, speaking, visual presentation.
	Individually, reflect on personal role modelling opportunities (past or present).	Have students identify ways in which they have been or could be positive role models for others, e.g., younger children, peers. Ask for volunteers to share their responses with the class.

72

73

UNIT 1: CONTRIBUTING TO COMMUNITY

2.0 **Health Promotion**

MAJOR OBJECTIVE: To increase awareness of leadership, advocacy, and volunteer abilities related to comprehensive health within the various social communities.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
2.1 understand that they are part of four important social groups • family • peer and friendship groups • school community • neighbourhood and community	Discuss the four social groups in which each student participates.	Recognize and discuss the four social groups. Each student is a part of these groups which intersect in daily life • family • peer and friendship groups • school community • neighbourhood and larger community These groups will reflect not only geographic areas, but also social groups formed by common interests and needs, i.e., ethnic, religious, athletic, extended family.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.2 recognize ways in which young people are presently contributing to the promotion of physical, emotional, mental and social well-being in each of the four social groups	Participate in a large-group brainstorming session discussing the four major social groups or communities within which students live and the ways in which young people contribute to the physical, emotional, mental, and social well-being of others in the respective groups.	Construct and post a large chart listing the four social groups along the left side and the four areas of well-being along the top (see grid provided in Appendix). Have students use this grid as a discussion guide in brainstorming ways in which senior years students contribute to health promotion in each of the four social groups.
2.3 recognize adults in the community who have made significant contributions to community health in each of the four social groups	Generate a list of possible speakers to address how young people can use their abilities to promote health in their various communities. OR Individually or in a small group, arrange an interview with or a class visit from a member of one of the four social groups. Discuss local health leadership.	Have the class generate a list of possible resource people who could be invited to talk about ways young people can use their leadership, advocacy and volunteer abilities to contribute to comprehensive health in their various social groups or communities. Arrange for a class visit from one or more speakers included in the student-generated list.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Alternatively, have students, on their own or in small groups, plan and arrange an interview with or a class visit from someone in one of their social groups to discuss a local health leader who has made significant contributions to community health. These activities provide an opportunity to involve teachers from other subject areas, student groups, peer counsellors, community health and social service workers, etc. Student follow-up could include a letter of personal response to the presenter(s).

3.0 **Health Supports**

MAJOR OBJECTIVE: To recognize that people need support in maintaining physical, emotional, mental and social health.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Resources • school counselling information • local newspaper • telephone book • directories • agency brochures • local guest speaker • community health service • local police departments • abuse reporting information • etc.
Students should be able to 3.1 recognize available health-related community resources to support people's needs	In a small group, discuss the assigned scenario(s) describing problems experienced by people in one or more of the community groups.	Divide the class into small groups and have students discuss case studies portraying problems experienced by people in the four

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		community groups (see sample case studies in Appendix). Assign each student group one or more case studies from the following social groups • family • peer and friendship groups • school community • neighbourhood and larger community Ask students to conclude their discussion of the problems related in the case studies by answering the question • Where in the local community could this family/group/community turn to for help?
	Report back to the larger group.	Have each group report back to the class.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Have students discuss • gaps in support system for young people • ways students can help • resources available and ideas for encouraging people to seek the help they need
3.2 know community supports available to young people	In a small group, identify local community supports available to young people.	A resource bank of pamphlets, posters, and listings could be created or updated for student use. Consider planning information sessions. An excellent source of information is the Agencies for School Health (ASH) directory. This publication offers a listing of health agencies and their services.

UNIT 1: CONTRIBUTING TO COMMUNITY

4.0 Rights and Responsibilities of Group Membership

MAJOR OBJECTIVE: To recognize the rights and responsibilities of individual youth as members of their various communities.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Resources • local police departments • justice committees • professional officers • school counsellors • school principal • school nurse • family members Invite some of these community persons to be present as resource persons to student groups in discussing the rights and responsibilities of young people as members of four major social groups.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
4.1 differentiate for each of the four community groups issues of law, order and justice that relate to their own development as healthy individuals	In a small group, discuss the following questions and list examples for each social group **Family** • What are the rules and expectations of my **family**? • How do I respect the rights of other family members? **Peers and Friendship Groups** • What are the rules and expectations of my **peer and friendship groups**? • How do I respect the rights of peers and friendship group members? **School Community** • What are the rules and expectations of my **school community**? • How do I respect the rights of other members of our school community?	Divide the class into small groups. Have students in each group discuss and cite examples of: • the rules and expectations of other members of their families, peer and friendship groups, school community, and neighbourhood and larger community • how to respect the rights of others in each of the four social groups. Have students discuss personal social responsibility for enforcing the laws • seatbelts • smoking legislation • drinking and driving Have students propose solutions on what they should do if someone is breaking the law.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Neighbourhood and Larger Community • What are the rules and expectations of my **neighbourhood and the larger community**? • How do I respect the rights of other members of the neighbourhood and larger community?	
	Report group responses to the class.	Have students report on their group findings and generate more ideas from large-group discussion, with contributions from resource persons. Discuss personal social responsibilities.
4.2 recognize some of the short-term and long-term consequences for young people who choose to ignore or break the rules and laws of their various communities	Participate in developing a chart.	Divide the class into groups and have students incorporate these ideas in a chart outlining • issues of law, order, and justice pertaining to the four social groups of which the students are a part • short- and long-term consequences of ignoring or breaking the rules and laws of the respective community groups

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		(See sample grid provided in Appendix). Summarize group findings. Follow-up activities may be planned.

UNIT 1: CONTRIBUTING TO COMMUNITY

5.0 Concern for the Environment and Health

MAJOR OBJECTIVE: To adopt behaviours that reflect concern for the environment and health.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Resources • printed resources, e.g., magazine articles, newspaper reports • media presentations and reports • local resource people, e.g., business people, politicians, environmentalists, and health professionals Consider ways to involve other school staff members, student groups, and community resource persons in supporting the students in group efforts.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
5.1 know personal health risks resulting from environmental interference and damage	In a small group, brainstorm and record how human action can cause damage to or interfere with the environment and the possible health risks that could result from such action.	Divide the class into small groups and have each group formulate a list of actions (or products) which place the environment and the health of people at risk. The list should be relevant to senior years students, e.g., tanning, deodorants, skin products, hygiene products.
	Share suggestions with the large group and prepare a class chart/ poster.	Have students share group-generated ideas with the class. Incorporate these suggestions in a class chart/poster.
	Participate in grouping the environmental and health risks and select one or two risks for group action.	Group the environmental and health risks and have students select one or two risks for group action.
5.2 choose to adopt a behaviour that is environmentally responsible and healthy	Individually, identify one positive action to be carried out in support of promoting a health-enhancing environment.	Have students, on their own, identify one environmentally responsible or health promoting action they intend to practice.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		In discussing environmental concerns, give consideration to the concept of sustainable development (see Appendix for information on Sustainable Development).

99

98

APPENDIX – UNIT 1

CONTRIBUTING TO COMMUNITY

CONTRIBUTING TO COMMUNITY
(GRID FOR UNIT 1, SECTION 2)

WAYS TEENAGERS ARE PRESENTLY CONTRIBUTING TO HEALTH PROMOTION

	PHYSICAL WELL-BEING	EMOTIONAL WELL-BEING	MENTAL WELL-BEING	SOCIAL WELL-BEING
FAMILY				
PEER AND FRIENDSHIP GROUPS				
SCHOOL COMMUNITY				
NEIGHBOURHOOD AND COMMUNITY				

CASE STUDY 1: FAMILY

It all started when Leslie's grandmother slipped on the kitchen floor and broke her hip. Although Grandma's hip healed as well as could be expected for a 75-year-old, she couldn't stay in her house and take care of herself. Grandma moved in with them, and Leslie had to give up her room. Of course, neither Leslie's brother nor sister, who had upstairs rooms, had to give up theirs. Now, Leslie was stuck in the rec. room.

Other changes had occurred in the last few months. Everything seemed to revolve around Grandma. Les loved her grandmother, but missed cranking up the volume on her ghetto blaster. Coming home early to ensure that Gran had taken her medication was a pain. Leslie felt uncomfortable about bringing her friends over when this shaky, slurry-voiced lady was always around, always needing attention. Leslie and her mom had always been close, but now, Mom never seemed to have time to go shopping, to listen to tapes with her, or just to sit around and talk. Mom was really stressed-out, now, and Dad was really preoccupied with problems at work.

Discussion Questions

- What are some of the changes being experienced by each of these family members: Leslie, her parents, her grandmother?
- How can various family members work together to respect each other's needs and support each other in this time of family change?
- What people or groups in the community could assist this family in adapting to this change?

CASE STUDY 2: FAMILY

Jason and Ryan are on their way to a party at a friend's place. They plan to watch the hockey game and listen to some new tapes. Ryan and Jason are walking down the street in silence, still thinking about the scene that erupted before they left Ryan's house.

Ryan's mom made a strained effort to say "hi" when Jason came to the door, but Ryan's dad just gave Jason the usual cold stare and digs about shoulder-length hair, and guys who wear earrings and chains on leather jackets. Jason thinks, "So what if I dye my blonde hair black and shave one side — it's only hair! It'll grow back. What do my looks have to do with my friendship with Ryan? And why does Ryan's dad always start arguing and shouting in front of me, about the time Ryan has to be home?"

Ryan's dad had shouted, "I don't care if Jason's parents let him stay out after midnight. If they had any sense at all, they wouldn't let him walk around looking like an escapee from some crazy rock band." Be home at eleven thirty or you're grounded. On second thought, maybe that wouldn't be such a bad idea — at least you wouldn't be hanging out with Jason."

Ryan wonders why his parents are always bugging him about his friends, about school, about his room, — about **everything**!

Discussion Questions

- What issues seem to be very important to Ryan? What issues seem to be very important to his Dad? What needs to happen, for them to better understand and respect each other's point of view?
- In your school or community, who are some of the people or groups who can help Ryan to deal with this problem?
- What services in your school or community are available for the family to consult for help with their problems?

CASE STUDY 3: PEER AND FRIENDSHIP GROUP

Alison's new friends, Kim and Heather, who come from well-to-do families, always seem to have the latest styles in clothes, the newest magazines and the best accessories. Alison's dad has just lost his job and the family budget is tight. Her mother has a part-time job. One day, the three girls go to the mall after school. Later, Alison realizes that her friends have left the mall with a T-shirt and purse they had not paid for.

Alison would like to buy a new top for the party Heather is planning to have at her house on the weekend but can't afford it. Kim and Heather confide that they have been shoplifting for years and have never been caught. They offer to help Alison "get" the blouse.

Discussion Questions

- What could Alison do to deal with this situation?
- What resources/agencies are available to help Alison?

CASE STUDY 4: SCHOOL COMMUNITY

Jeff and his junior varsity team, the River Bend Razors, travel to Edgeville to play in a soccer tournament. After their warm-up practice on Friday night, they go to their hotel room.

Andrew brings out the bottle of rye whiskey he has taken from his parents' liquor stock. After checking the corridor for the presence of the coach, he pours a drink for himself and his three roommates. Half an hour later a knock sounds on the door and the coach asks to come in. After dumping their drinks, the guys let him enter. When he comes in he sniffs the air and says, "Guys, I guess we're heading home. You know the rule about booze on school trips."

When Jeff and the rest of the Razors learn about the decision to default the tournament, they are furious.

Discussion Questions

- What are the options and decisions that Jeff had to make?
- What might be the consequences of each of Jeff's decisions?
- What is your school policy about use of alcohol on school-related events?
- In tnis situation what would your school policy require of the coach of the Razors?
- What local help is available for youth concerned about drug or alcohol problems?

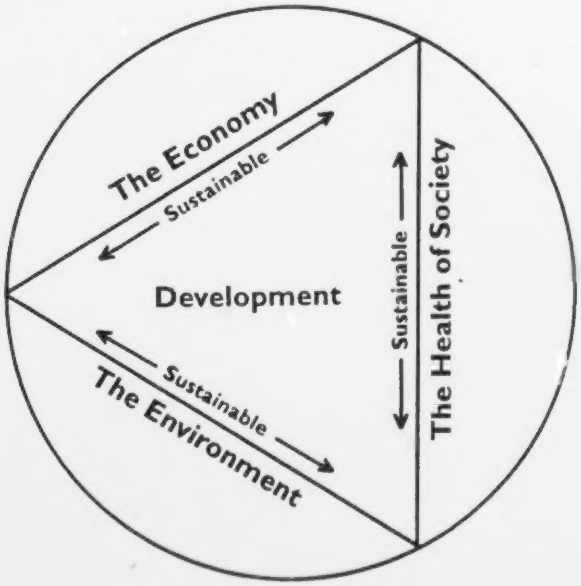
RIGHTS AND RESPONSIBILITIES RELATED TO SELF AND OTHERS

	ISSUES OF LAW, ORDER AND JUSTICE	CONSEQUENCES OF BREAKING RULES AND LAWS
FAMILY		
PEER AND FRIENDSHIP GROUPS		
SCHOOL COMMUNITY		
NEIGHBOURHOOD AND COMMUNITY		

SUSTAINABLE DEVELOPMENT

The concept of sustainable development is a ***process of decision making*** in which the impact of economic activities (the economy), the environment, and the well-being (health) of society are integrated and balanced, without compromising the ability of future generations to meet their needs, and so that all three – the economy, the environment and the health of the society – can be sustained into the future.

Sustainable Development ... an integrated decision-making process ...



... a model where the needs of future generations can be sustained ...

where

Global Thinking Impacts Local Actions

The triangle represents the integrated and balanced decision-making process, in a global context, represented by the circle. The circle also represents the continuous natural ecological cycles of the Earth. It was developed for educators by John Lohrenz, Social Studies and Sustainable Development Consultant of the Curriculum Services Branch, Manitoba Education and Training.

This appendix on sustainable development has been taken from **Sustainable Development Curriculum Support for Social Studies and Science Teachers**, a Manitoba Education and Training publication.

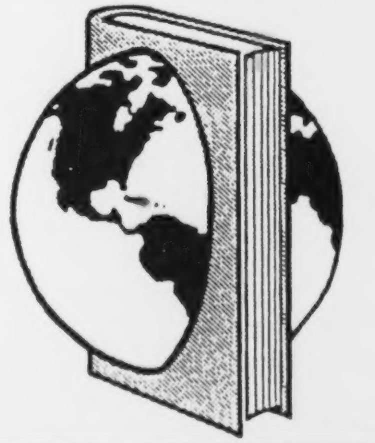
SECTION ONE

What are the Origins of Sustainable Development?

Sustainable development is not a new idea. In 1915, Canada's Commission on Conservation defined our need to live within the world's means. It stated:

> *"Each generation is entitled to the interest on the natural capital, but the principal should be handed down unimpaired."*

The Paris **Biosphere Conference** and the Washington D.C. Conference on **Ecological Aspects of International Development**, held in the 1960's, sounded the alarm of environmental degradation and the need for action. Books like Rachael Carson's, **Silent Spring**, (1962) and the **Service Club Handbook for Environmental Activists** (1968) pointed out that humans had abused the Planet Earth to the point that the effects were becoming visible and even dangerous.



Silent Spring and Limits of Growth

The report, **Limits of Growth**, by the Club of Rome (1972) concluded it was time to undertake development which did not damage the environment. This report was published in June 1972 just prior to the opening of the **United Nations Stockholm Conference on the Environment** "Only One Earth", chaired by Maurice Strong, a Manitoban from Oak Lake. This gathering of delegates from 113 countries placed environmental issues for the first time on the international agenda. Only two heads of government attended, Prime Ministers Indira Gandhi of India and Olof Palme of Sweden.

From this meeting came the **Stockholm Declaration and Action Plan** with 109 recommendations for national and international action in areas of conservation of natural resources, education, human settlements, and pollution. The Stockholm meeting also resulted in the creation of the **United Nations Environment Program**, with Maurice Strong as its executive director.

In the years 1974-81, the United Nations held 10 major Conferences

. **Population** 1974
. **Food** 1974
. **Women** 1975
. **Habitat** 1976
. **Water** 1977
. **Desertification** 1977
. **Technical Cooperation** 1978
. **Climate** 1979
. **Science and Technology** 1979

. **Agrarian Reform** 1979
. **Renewable Sources of Energy** 1981.

These conferences failed to produce sought after changes, and crises continued to multiply, as industrialized countries became wealthier and developing countries grew more populous and poorer.

The pollution problems that gave birth to the Stockholm meeting continued to expand. Soil and forest cover, and many plant and animal species began disappearing.

The 1980 World Conservation strategy, prepared by the **International Union for the Conservation of Nature**, the **United Nations Environment Program** and the **World Wildlife Fund**, promoted the concept of environmental protection in the self-interest of the human species.

In this context, the United Nations initiated the **World Commission on Environment and Development** in 1983. It was presented to the United Nations in 1987 under the title **Our Common Future**, often called **The Brundtland Commission** named after Gro Harlem Brundtland, the prime minister of Norway, who chaired the commission.

*The report concluded that the integration of environment and development which was called sustainable development was the only sound and visible means of ensuring both our environment and development future. It described sustainable development as **"development that meets the needs of the present without compromising the ability of future generations to meet their own needs."***

In response to the world's environmental conditions and to a groundswell of public opinion, the General Assembly of the United Nations voted in December 1989 to hold a world conference on Environment and Development on the 20th Anniversary of the Stockholm meeting. The location for the Earth Summit would be Rio de Janeiro, Brazil.

Representatives from 178 countries, with 117 heads of state, met June 1992 in Rio to discuss the relationship between the environment and economy. The conference

World Commission on Environment and Development

Rio Summit, June 1992
Agenda 21

produced **Agenda 21** - an 800 page report to shape sustainable development initiatives for the 21st century.

Maurice Strong, who chaired the Stockholm conference in 1972, also chaired the **United Nations Conference on Environment and Development** (UNCED) in Rio. He stated that the difference between these two events is that humanity does not have another "*twenty years to squander before it starts to clean up the mess it has made of this planet.*"

Canada responded to **Our Common Future** by creating a 17-member **National Task Force on Environment and Economy**. This Task Force submitted its report to the Council of Resource and Environment Ministers in September 1987. It called for the creation of Round Tables on Environment and Economy.

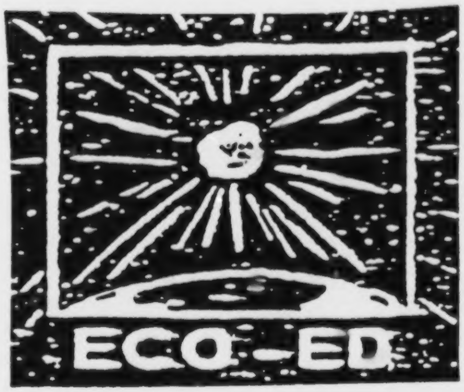
In 1988 Prime Minister Brian Mulroney announced, to the General Assembly of the United Nations, the creation of the **International Institute for Sustainable Development** in Winnipeg. IISD officially opened in March 1990.

Manitoba Round Table

Membership of **The Manitoba Round Table on Environment and Economy**, established in 1988, is made up of concerned citizens, key government, industry, and non-governmental representatives. The Manitoba Round Table sets the agenda for sustainable development initiatives in Manitoba.

As a result of these developments, education systems have been encouraged to begin implementing the concept of sustainable development, not only in Manitoba, but across Canada and throughout the world.

In October 1992, an international follow-up conference to Rio took place in Toronto. The **ECO-ED Conference** (Education and Communication on Environment and Development), an environmental educators' conference, had the primary purpose "*to stimulate informed action by improving the accuracy, quality, and delivery of education and communication relating to the environment and sustainable development.*"



October 1992 Toronto

Why Teach Sustainable Development?

In **The Global Partnership for Environment and Development**, prepared for the Rio Conference, Maurice Strong wrote:

> *"There is pervasive hunger, poverty, illiteracy, and ill health. The ecological consequences of ozone depletion, climate change, soil degradation, loss of biodiversity, and the increasing pollution of air, water, and land threaten our common and sustainable future."*

The principal outcome of the Rio Conference is **Agenda 21**, an action plan to take us into the 21st Century. It outlines strategies and integrated program measures to halt and reverse the effects of environmental degradation. It promotes environmental renewal and sustainable development in all countries.

Such renewal calls for the efficient and effective management of resources. It also demands proper waste management and pollution reduction through a wide and responsible participation of people at local, national, and global levels.

In the conference foreword, Maurice Strong wrote:

> *"The successful implementation of **Agenda 21** necessitates a global partnership for sustainable development within which all nations make political, social, and economic commitments, individually and collectively, to ensure the allocation of essential means for a viable and sustainable human future."*

> *"**Agenda 21** is based on the premise that sustainable development is not just an option but an imperative, in both environmental and economic terms, and that while the transition towards sustainable development will be difficult, it is entirely feasible. It requires a major shift in priorities for governments and people involving the full integration of the environmental dimension into economic policies and decision-making in every sphere of activity and a major redeployment of human and financial resources at national and international levels. This global partnership is essential to set the world community onto a new course for a more sustainable, secure, and equitable future as we move into the 21st Century. The primary responsibility for our common future is, in a very real sense, in our hands."*

The "Education, Public Awareness, and Training" section of the **Guide to Agenda 21** states:

> *"Education is the social institution entrusted with the main responsibility for passing on to succeeding generations the wisdom, knowledge and experience gained from the past. It represents a guided path which helps individuals to understand their own societies and to take their place in them. Education is perhaps the single most important influence in changing human attitudes and behaviour, promoting economic growth and raising the quality of life, providing the knowledge and skills that produce jobs and increase productivity. It equips*

people for meeting contemporary needs."

". . . it is essential to incorporate sustainable development concepts into all levels of education, from basic to tertiary, and for all groups of society. This requires the development of new and alternative teaching methods and the strengthening of community involvement and educational partnerships."

". . . A major priority is to reorient education towards sustainable development by improving each country's capacity to address environment and development in its educational programs, particularly in basic learning. This is indispensable for enabling people to adapt to a swiftly changing world and to develop an ethical awareness consistent with the sustainable use of natural resources. Education should, in all disciplines, address the dynamics of the physical/biological and socio-economic environment and human development, including spiritual development. It should employ both formal and non-formal methods of communication."

Education is Key

". . . Schools should be assisted in designing environmental activity work plans, with the participation of students and staff, and incorporate them throughout the curriculum. They should employ proven and innovative interactive teaching methods."

It is in this context, and through the initiatives of the National and Provincial Round Tables on Environment and Economy, that the action plan and the motivation for implementing sustainable development in Manitoba schools arises.

The intent is for all teachers in Manitoba to become aware of the concept to the extent that they will be able to teach appropriate content in the context of sustainable development. **In the initial stages the focus will concentrate on teachers of Social Studies and Science who will be encouraged to integrate and implement the concept into their courses.**

Social studies and science are mandatory subjects for all students K-11, and the content of these courses is related closely to aspects of the environment, economy, and the well-being or health of a society.

As new curriculum guides are developed for courses, or existing courses are revised, the concept of sustainable development is to be included, so that eventually this concept is incorporated into all grade levels and all courses, wherever appropriate. **It is a concept that does not necessarily add new content to a course, but suggests that the content be taught in a new way.**

What is Sustainable Development and How is it Defined?

Sustainable development is a decision-making process rather than an event or a fact. It is a process of changing the character of a society. It is **a set of attitudes and values we need to incorporate into our way of life.** "It involves fundamental changes in the way business is done, what is taught to our children, how we as individuals live and conduct our lives and how government and societies' public institutions address the essential problems affecting our life."[1]

Sustainable development is ongoing and is evolving continually to meet changing ecological conditions. It presents, a model for present and future living.

Admittedly, no one can say with precision exactly what constitutes sustainable development for every country and for every community. In some ways sustainable development is a concept similar to that of *democracy, freedom, human rights* or *multiculturalism* — difficult to define, yet we live within these contexts.

There are definitions which indicate some consensus. Simply expressed and generally accepted is the definition of the Brundtland report:

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs."

Caring for the World defines sustainable development as "improving the quality of human life while living within our ecological means."

The September 1992 issue of **Connect**[2], stated:

> *"The distinction between **growth and development** is useful and can be demonstrated by an example: a child normally grows in size until adulthood, but his/her development (one hopes) is lifelong. Similarly, in social terms, one should speak of the goal of a society's development as that of procuring for its members a better quality of life — and define **quality of life** in terms of health and longevity, employment, education, freedom and security, culture and the respect for basic human rights. One might add an aesthetic dimension.*
>
> *The dilemma for decision-makers is how to improve a people's quality of life through economic growth (certainly a necessity for most, if not all, countries of the world) without sacrificing their natural — or built — environment. Again, however complex, the solution is in sustainable development."*

IISD
Promoting a Global Transition to Sustainable Development

In one of its publications, the **International Institute for Sustainable Development** (IISD) stated:

> *"Sustainable Development is a response to rising global concern about environment, economy, and the well-being of people. The world's environment, economy, and social fabric are interlocking. Local, national and global problems impact upon each other. Development cannot ignore these connections without risk to the planet and ourselves to meet the needs of all peoples of the earth, now and in the future, sustainable development is required. We need profound changes in the way we make decisions through government and business and on our own.*
>
> *A global transition to sustainable development won't happen without substantial change: change in attitudes and lifestyles; change in policies which ignore impacts on the environment and resources; change in development practices which undermine social values; change in the relationships between governments, industry, the voluntary sector and individuals; and change in international co-operation."*

The IISD booklet pointed out that

> *"Sustainable development requires a commitment to fairness and equity, and the foundation upon which it will be achieved is the global concern for health and livelihood."*

Sustainable development is a local decision-making process which integrates and balances the economic, societal (health and well-being of society), and environmental factors in a global context. All three factors must be sustained and developed if future generations are to meet their needs. Sustainable development decision-making understands that global thinking impacts local actions and local actions impact global well-being.

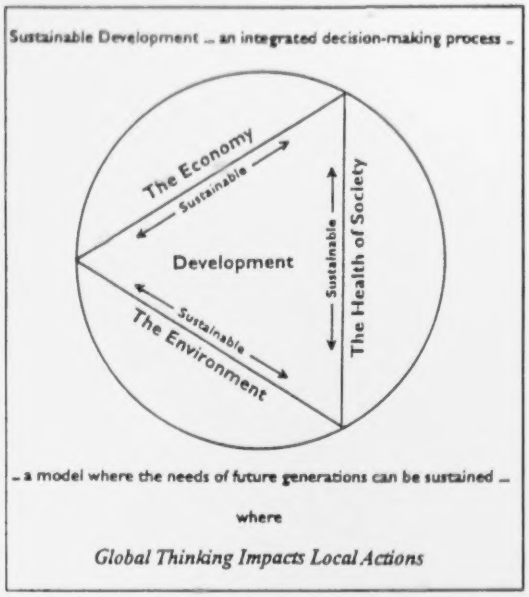
As an integrated decision-making process, sustainable development recognizes "we can never do merely one thing" without it impacting on something else. As such, we need to learn how to apply the sustainable development process to all the decisions we make. It is a lifeskill.

In introducing her report, Gro Harlem Brundtland wrote "*The environment is where we all live; and development is what we all do in attempting to improve our lot. The two are inseparable.*"

Sustainable development acknowledges that the developed countries and the least developed countries must both contribute to the process but perhaps in different ways. The link between solving world poverty and hunger but still maintaining the health and well-being of society must be recognized.

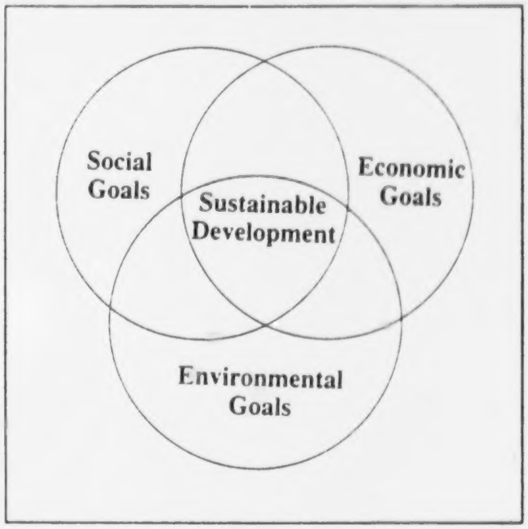
The **Curriculum Services Branch of Manitoba Education and Training** has defined sustainable development as

> "...a process of decision-making in which the impact of economic activities, the environment, and the well-being (health) of society are integrated and balanced, without compromising the ability of future generations to meet their needs, and so that all three - the economy, the environment and the health of the society - can be sustained into the future."


Sustainable Development ... an integrated decision-making process ...
The Economy
Sustainable
The Health of Society
Sustainable
Development
Sustainable
The Environment
... a model where the needs of future generations can be sustained ...
where
Global Thinking Impacts Local Actions

The triangle represents an integrated and balanced decision-making process, sustainable in a global context, represented by the circle. The circle also represents the natural cycles of the environment.

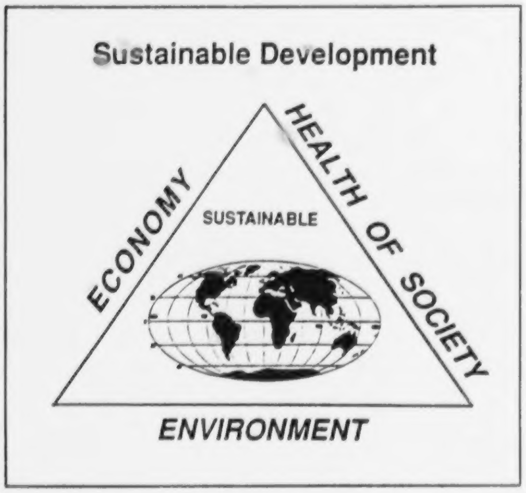
It is this definition and teaching model that forms the basis for the sustainable development resources produced by the Curriculum Services Branch of Manitoba Education and Training.


Social Goals
Economic Goals
Sustainable Development
Environmental Goals

The second graphic has been suggested by two Canadian environmentalists (Jacobs and Sadler).[3]

This model presents the concept of sustainable development as a scheme for analyzing the policies and investments involved in a country's, or community's, development planning. It further involves a system of values and choice of policies that may vary from one society to another, each to wisely define its own, advisedly in terms of an improved quality of life for its members.

A third graphic representation[4]:


Sustainable Development
ECONOMY
HEALTH OF SOCIETY
SUSTAINABLE
ENVIRONMENT

In each of the three illustrations a central consideration is the quality of life and its betterment, now and in the future - the central goal of sustainable development.

Schools are being requested to make a shift in focus from environmental education to sustainable development education. In the final report of an **Environmental Seminar for Women**, held in Auckland, New Zealand in April 1992, we read[5]

"Environmental education is no longer the appropriate term to describe the educational force which we need to bring into play if we are to be effective in changing directions and improving the environment and the lives of people. Today, we need to orientate our thinking towards "Education for Sustainability" which combines Environmental Education with Development Education, Peace Education and Women's Issues."

The concept of sustainable development is an evolving concept and will only be understood more fully as all of us, throughout the world, work in defining and implementing it. The message, however, is clear - we need to change to a more sustainable world society.

For the **Manitoba Round Table on Environment and Economy**, sustainable development is a general philosophy, ethic, and approach to guide individual and collective behaviour with respect to a sustainable economy in a clean, safe and healthy environment for the well-being of both present and future generations. **Their statement of belief states**[6]

- ***We cannot continue to develop economically unless we protect the environment***
- ***Continued economic development will be needed to pay for important environmental initiatives***
- ***Needs of the present must be met without sacrificing the ability of future generations to meet their own needs***
- ***Attention must be paid to long term effects of both environmental and economic decisions***

Because there is a recognition that the earth's ability to sustain human development and activity is limited, implementing sustainable development will be required to[7]

- *generate more from less through efficient and effective use of resources*
- *reduce, reuse, recycle and recover the products and by-products of production, and consumption*
- *ensure environmentally sound value-added (secondary and tertiary) processing and manufacturing*
- *enhance productivity through political, technological, scientific institutional and social innovation*
- *replenish and reclaim damaged environments*
- *increase the productive capability and quality of natural resources and*
- *conserve and develop substitutes for scarce resources.*

To realize the above, the Manitoba Round Table has developed ten principles and six guidelines[8] which describe the very nature and characteristics of sustainable development. These principles and guidelines are to govern the decisions made by government, business, and the public with reference to the economy, environment, and well-being of society.

Principles Adapted from the Manitoba Round Table

The vision of environmentally sound and sustainable economic growth for Manitoba is governed by the following principles

1. **Integration**. Ensures economic decisions adequately reflect environmental impacts including human health. Environmental initiatives shall adequately take into account economic consequences.

2. **Stewardship**. Manages the environment and economy for the benefit of present and future generations.

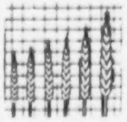
   Stewardship requires the recognition that we are caretakers of the environment and economy for the benefit of present and future generations of Manitobans. A balance must be struck between today's decisions and tomorrow's impacts.

3. **Shared Responsibility**. Acknowledges responsibility of all Manitobans for sustaining the environment and economy, with each being accountable for decisions and actions, in a spirit of partnership and open cooperation.

4. **Prevention**. Anticipates, prevents or mitigates significant adverse environmental (including human health) and economic impact of policy, programs, and decisions.

5. **Conservation**. Maintains essential ecological processes, biological diversity and life-support systems of our environment; harvest renewable resources on a sustained yield basis; and make wise and efficient use of our renewable and non-renewable resources.

6. **Recycling**. Endeavours to reduce, reuse, and recover the products of our society.



7. **Enhancement.** Enhances the long-term productive capability, quality and capacity of our natural ecosystems.

8. **Rehabilitation and Reclamation**. Endeavours to restore damaged or degraded environments to beneficial uses.

Rehabilitation and reclamation require ameliorating damage caused in the past. Future policies, programs and developments should take into consideration the need for rehabilitation and reclamation.

9. **Scientific and Technological Innovation**. Researches, develops, tests and implements technologies essential to further environmental quality including human health and economic growth.

10. **Global Responsibility**. Requires thinking globally while acting locally.

Global responsibility requires that we recognize there are no boundaries to our environment, and that there is ecological interdependence among provinces and nations. There is a need to work cooperatively within Canada, and internationally, to accelerate the merger of environment and economics in decision making and to develop comprehensive and equitable solutions to problems.

Fundamental Guidelines

In addition to these principles, there are a number of fundamental guidelines. These guidelines have equal status to the principles, supporting them and indicating how to achieve the sustainable development vision for Manitoba.

1. **Efficient Use of Resources.** Encourage and support development and application of systems for proper resource pricing, demand management, and resource allocation together with incentives and disincentives to encourage efficient use of resources and full environmental costing of decisions and developments.

2. **Public Participation.** Establish appropriate forums which encourage and provide opportunity for consultation and meaningful participation in decision-making processes by all Manitobans. We shall endeavour to ensure due process, prior notification and appropriate and timely redress for those affected by policies, programs, decisions and developments.

3. **Understanding and Respect.** Be aware that we share a common physical, social and economic environment in Manitoba. Understanding and respect for differing social and economic views, values, traditions and aspirations is necessary for equitable management of these common resources. Consideration must be given to the aspirations, needs, and views of various regions and groups in Manitoba.

4. **Access to Adequate Information.** Encourage and support the improvement and refinement of our environmental and economic information base and promotion of the opportunity for equal and timely access to information by all Manitobans.

5. **Integrated Decision-Making and Planning.** Encourage and support decision-making and planning processes that are open, cross-sectoral, efficient, timely, and relevant to long-term implications.

6. **Substitution.** Encourage and promote the development and use of substitutes for scarce resources where they are both environmentally sound and economically viable.

UNIT 2

RESPONSIBILITY TO SELF AND OTHERS

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

1.0 **Personal Safety**

MAJOR OBJECTIVE: To recognize risky situations and choose behaviour that maximizes safety of self and others.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
1.1 recognize personal health limitations that may place a person at risk		Help students gain a greater awareness of and respect for the limitations and restrictions imposed on people who suffer from allergies. For many people allergic reactions are mild and temporary, but for some people they are life threatening.
	Identify common sources of allergic reactions. Identify allergy-related symptoms.	Have students identify common sources and symptoms of allergic reactions and intolerance. The following categories should be included • food • drugs • venomous bites • environment

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	List safety precautions that can be taken for oneself or on behalf of others to prevent or control allergic reactions.	Have students suggest safety precautions that can be taken to prevent and control allergic reactions, or to alert others of existing allergies. Personal management efforts and support services could include • wearing medical alert bracelets (or other identification) • listing ingredients on food and drug packaging • listing/reading instructions and warnings on the use of medications, solvents, etc. • using non-allergenic hygiene products • accommodating people with allergies when planning menus, selecting a restaurant, etc. • avoiding smoking or smoky places

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Resource Allergy Information Centre 106-600 Setter Street Winnipeg, Manitoba R2Y 2H7 Telephone: 837-2137
1.2 develop healthy attitudes and behaviours related to being a passenger in a vehicle or an operator of a vehicle	Brainstorm a list of the various kinds of vehicles used in the community.	A list of vehicles commonly used in the local community could include • cars, trucks, vans • school and transit buses • motorcycles • emergency vehicles • farm machinery • construction vehicles • tow trucks
	In a small group, select and discuss a case study focusing on responsibilities to self and others.	Have students, in small groups, select and discuss a case study dealing with an aspect of vehicle safety (see sample case studies in the Appendix). Have them consider responsibilities to self and others related to • operators • passengers • regulations

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• licencing • peer pressure Invite a resource person from the local police departments to discuss vehicular safety and licencing issues with students. Examples of possible resources: • Teens Against Drunk Driving (TADD) • Mothers Against Drunk Driving (MADD) • Driver Education • Transport Canada • Snowmobile Safety Course • Safe Grad • Over the Line (Alcoholism Foundation of Manitoba) • Parent Resource Institute for Drug Education (PRIDE)
1.3 develop a healthy respect for potentially unsafe rural and urban environments	Using a chart to record ideas, identify potentially unsafe situations (e.g., weather, recreation, places) and propose plans for avoiding, anticipating, or dealing with them.	Have students identify and chart possible hazards and appropriate safety precautions related to

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		- weather, e.g., travel, clothing, emergency kits, sunscreen lotion - recreational sports, e.g., skiing, boating - places in rural and urban settings, e.g., parkades, malls, parks, hangouts, unlit roads - hunting Focus the discussion on the need to plan for personal safety before engaging in activities.
1.4 develop prevention skills related to acquaintance assault	Discuss a case study or article describing a situation involving acquaintance assault.	**NOTE**: See the discussion on "Using Assertiveness Skills" in Unit 3: Responsible Sexual Behaviour of this guide. For an additional resource see "Sexual Assault: The New Law" in **Towards Healthy Relationships** (p. 37). Provide students with appropriate background on the issue of acquaintance assault. Provide students with several case studies (see sample case studies in the Appendix) or articles describing

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		incidents involving acquaintance assault. Students may wish to contribute articles for discussion.
	List some practical precautions that can help decrease the risk of acquaintance assault (physical and sexual).	Emphasize that people can take some practical precautions to avert or help decrease the risk of acquaintance assault (physical and sexual). Have students formulate a list of safety precautions. The resource: **Violence Against Women: Learning Activities to Prevent Violence Against Women** is valuable. Bring in a resource person to answer student questions. Provide students with a list of community resources which help people deal with the threat and reality of acquaintance assault. For example • social worker • school nurse school counsellor • Child and Family Services • local police department

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

2.0 Facts and Misconceptions about Alcohol and Other Drugs

(Sections 2.0 to 6.0 and 8.0 of this unit are adapted from the following source: Alcoholism Foundation of Manitoba, **Healthy Choices** (Winnipeg, MB: AFM, 1990). Used with permission. (Appendices for these sections area also taken from **Healthy Choices** unless otherwise identified.)

MAJOR OBJECTIVE: To demonstrate and assess the accuracy of knowledge about the nature and effects of alcohol and other drugs.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
		Introduce the topic by indicating that people have many misconceptions regarding alcohol and other drugs based on misinformation, misrepresentation and peer and environmental pressures. Emphasize the importance of screening accurate and false information.
2.1 review, demonstrate and assess their current knowledge about alcohol and other mind-altering drugs	Individually, complete the "Facts and Myths" questionnaire provided.	Provide each student with a copy of the "Facts and Myths" questionnaire (see Appendix) to be completed individually without consulting classmates. Explain that

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	In a small group, share individual responses to the questionnaire and reach a consensus on each statement.	the objective is to review and assess student knowledge and misconceptions about alcohol and other drugs, their effects, and some of the risks associated with them. Form groups of three students per group and have the members of each triad compare individual responses and, for each statement, arrive at a group consensus.
2.2 recognize some of the facts and misconceptions about the nature and effects of alcohol, marijuana, LSD (lysergic acid diethylamide), and cocaine	Share and discuss group responses with the class. Participate in a class discussion of the group process.	As a whole-class activity, process group experiences by having students • discuss differences between responses generated by individuals and those developed in the group • review some of the reasons behind their own and their group's answers to the questionnaire • discuss why individual responses may have changed during the group discussion

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		- discuss the advantages and disadvantages of working on tasks in a small group
	In small groups, review the correct questionnaire responses and explanations provided by the teacher.	Review the correct answer to each statement in the "Facts and Myths" questionnaire and provide an explanation for each answer (see answer key, Appendix). Give students an opportunity to raise additional related questions.

3.0 The Pharmacology of Alcohol and Other Drugs

MAJOR OBJECTIVE: To recognize the major short-term and long-term physical and psychological effects of three drug categories: depressants, stimulants and hallucinogens.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
3.1 recognize three major classifications of mind-altering drugs: depressants, stimulants, and hallucinogens	Participate in a teacher-led discussion on three major clasifications of drugs.	Introduce to the students three major classifications of drugs, noting examples of drugs in each category. (Fact sheets on Alcohol, Marijuana, Cocaine and Crack, and Tobacco are provided in the Appendix.)
3.2 know examples of drugs acting on the central nervous system as depressants, stimulants and hallucinogens and their effects	Discuss classifications of mind-altering drugs and their effects.	**Depressants** Depressants act directly on the central nervous system, slowing down the overall functioning of the brain. Impairment of abilities increases as the drug intake increases. Examples include • Alcohol • Opiates (heroin, morphine, codeine) • Cannabis (marijuana, hashish, hash oil)

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• Sedatives (trade names: *Valium, Librium, Seconal*) **Stimulants** Stimulants act directly on the central nervous system, speeding up all brain and bodily functions with the risk of overloading the body. Examples include • Nicotine (*tobacco*) • Caffeine *(coffee, tea, chocolate, colas)* • Cocaine *(coke, snow, crack, rock)* • Amphetamines *(speed)* • Diet pills *(trade names: Dexatrim, Sanorex, Nobesine)* **Hallucinogens** Hallucinogens act on the central nervous system producing a variety of effects ranging from sedation to stimulation, but generally causing distortion of the senses.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Examples include • LSD (*acid*) • Psilocybin (*magic mushrooms*) • Mescaline (*peyote, cactus buttons*) • Chemicals (*MDA, STP, DOM*) • Phencyclidine (*PCP, angel dust*) • Inhalants (*solvents, gas, plastic cement, glue, aerosols, lighter fluid*) Divide the class into teams in preparation for playing "Jeopardy: A Group Game About the Effects of Alcohol and Other Drugs" (see Appendix). Group size may vary according to facilitator preference, style of play chosen and time available (e.g., 2 teams playing against each other, 3 in a round robin tournament, 4 against each other or in a tournament, etc.). The game features three drug categories: Depressants, Stimulants, and Hallucinogens. The number of questions from each category comprising a complete

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		game must be a pre-determined by the facilitator. Questions havedifferential point values (10, 20, and 30 points) depending on the degree of difficulty. Questions in each game increasing in difficulty beginning with a pre-determined number of questions worth 10 points and then proceeding with 20-point questions, followed by 30-point questions. The team with the highest number of accumulated points upon completion of a game is the winner. Before beginning, instruct students that participating teams will take turns selecting a drug category. The facilitator will then draw and read aloud a question from the chosen category and allow 25 seconds for a response. If a team gives the correct response, they are awarded the point value of the question. If they answer incorrectly, the opposing team has an opportunity to respond to the same question. If the opposing

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		team gives an incorrect answer, they continue their turn by selecting and answering a new question from another category and a higher point value.
3.3 recognize the major negative short-term and long-range physical and psychological effects of the three major drug categories	As a member of a team, participate in a game of"Jeopardy," selecting and answering questions on the negative short- and long-term effects of substances in three major drug categories: depressants, stimulants and hallucinogens.	Have students play the game in the time allocated. After a question has been answered, review with students the explanation behind each statement (see Appendix). **NOTE:** A teacher need not have expertise in identifying the variety of drug effects. Answers to questions which are immediately unavailable may be researched, either by the teacher or student, for a later response.
	Participate in a lecture/discussion on the short- and long-term effects of depressants, stimulants and hallucinogens, including addiction and chemical dependency.	In a brief lecture or teacher-led discussion, highlight the three major drug classes featured in the game.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• **NOTE:** The major short- and long-term drug effects covered in the game. Add any major points that may have been missed. • In the interest of building on information, included in the game, have the class identify (in a large-group discussion or feedback session) the major short- and long-term effects of substances in each of the three drug categories. Fill in information missed in the discussion.
3.4 develop an understanding of addiction and chemical dependency	Discuss addiction and chemical dependency.	• Introduce the concept that addiction or chemical dependency is considered to exist when individuals continue to use alcohol or other drugs despite negative effects on their physical and psychological well-being.

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

4.0 The Continuum of Use, Misuse, and Problem Use of Alcohol and Other Drugs

MAJOR OBJECTIVE: To develop an understanding of the successive stages of the drug use continuum culminating in chemical dependency, and to learn to recognize the changes in various areas of a person's life resulting from harmful involvement with alcohol and other drugs.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
4.1 understand some of the reasons young people begin and continue to use alcohol and other drugs	Suggest motivations behind adolescent use of alcohol and other drugs.	Discuss the distinctions between use, misuse (short-term problems) and problem use (longer-term problems). Many young people experiment with alcohol and other drugs during the stressful transitions experienced throughout adolescence. Natural development may be impeded if substance use becomes the primary means of reducing stress and escaping the demands of growing up.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Have students suggest why young people may begin and continue using alcohol and other drugs. Motivations such as the following could be discussed **Reasons for Initial Use** • curiosity • emulating adults *(as encountered in daily life, special occasions, media portrayals)* • peer pressure *(both overt and subtle)* • excitement *(attempting something new or forbidden)* **Reasons for Continued Use** • the "high" *(changes in perception, sensation, mood, inhibitions)* • peer bonding *(through common experience and interest)* • status • escape • boredom

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Point out to students the difficulty of assessing alcohol and other drug use and whether chemical use is causing problems. Assessment of chemical dependency is based on the presence of an ongoing, progressive pattern with the following characteristics • there is a reliance on the chemical to relieve unmanageable emotions or distress caused by problems in daily living • the user experiences ongoing, detrimental effects of the abuse of alcohol and/or other drugs • despite the consequences, the individual continues to use chemicals in a harmful manner.
4.2 view alcohol and other drug use on a continuum ranging from non-use to dependent use	Review and discuss the "Stages of Alcohol and Other Drug Involvement" chart provided.	Provide each student with a copy of the reference chart, "Stages of Alcohol and Other Drug Involvement" (see Appendix), in which alcohol and other drug use

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		is presented on a continuum ranging from non-use to dependent use as follows • non-use • experimental use • irregular use • regular use • dependent use Review the definitions of each stage of use.
4.3 recognize various areas in a person's life which can be negatively affected by alcohol and other drug use	Participate in a teacher-led discussion on areas in a person's life that can be affected by alcohol and other drug use.	Indicate that one of the key factors in determining where people are on the continuum is to look at whether the alcohol and other drug use are causing problems in any areas of their lives. While a single problem sign related to a person's alcohol and other drug use cannot be taken as a sign of problem use, a cluster of problem signs points to the possibility of a dependency problem. A person's continued use of alcohol and other drugs despite

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		adverse consequences in many life areas is indicative of chemical dependency. Using the chalkboard or a flip chart, post the various "Life Areas" that could be affected, including the following • family • social • psychological • educational and occupational • physical • legal • alcohol/drug taking behaviour (See "Life Areas Chart" in Appendix for teacher background and/or student handout.) Divide the class into small groups of 5 or 6 students per group. Give each group a complete set of the following case studies of young people using alcohol/drugs and experiencing related problems in various areas of their lives (see Appendix for three case studies)

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	In a small group, read the case studies of three individuals using alcohol and/or other drugs. Consult the "Stages of Alcohol and Drug Involvement" reference sheet and the "Life Areas Chart" in discussing each of the three scenarios and answering assigned questions.	• Case #1: Frank • Case #2: Susan • Case #3: Debbie Have students, in their small groups, read all three case studies and discuss each scenario separately, referring to the "Stages of Alcohol and Drug Involvement" and "Life Areas" charts. Instruct students that they may need to make some assumptions/guesses about the effects of the chemical use on various areas of the lives of the individuals involved. Ask the student groups to review and answer the following questions for each of the three case studies • What areas of this person's life are being affected by alcohol or other drug use? Where would you place this individual on the stages of alcohol and other drug involvement?

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• What are your reasons for selecting this particular stage? What problem indicators are you able to identify? • What assumptions are you making about each particular case?
	Share group responses to each question in a class discussion.	Have students reassemble in a large group and process the small-group responses to the above questions with respect to the three case studies. Use the "Life Areas" columns to • note the areas of Frank's, Susan's and Debbie's lives affected by their use of alcohol/drugs • record specific problem indicators
4.4 understand the importance of looking at and recognizing problems and changes in many life areas resulting from alcohol and other drug use	Summarize as a large group some problems and changes identified in the case studies.	Highlight additional points missed by students. Emphasize the usefulness of looking at and recognizing the problems and changes resulting from alcohol/ drug use in many life areas.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
4.5 develop an understanding of the term "chemical dependency"	Develop a definition of chemical dependency.	Close by defining chemical dependency as the development and existence of alcohol- and drug-related problems in a person's life as a result of the continued use of chemicals.
4.6 recognize reasons why people continue to use alcohol and drugs despite the negative consequences and problems resulting from their use	Discuss as a large group the reasons why people continue to use alcohol and drugs.	Explain to students that chemical dependency is a complex problem. Knowing about the negative consequences does not always lead to behavioural changes. However, increased knowledge about problem use does tend to empower people to make better health decisions. Summarize this concept for the class.

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

5.0 Defense Mechanisms

MAJOR OBJECTIVE: To investigate the role of defense mechanisms in maintaining and supporting problems such as alcohol and other drug use and dependency.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
5.1 explain the meaning of the term "defense mechanism"	Develop a definition and an understanding of the term "defense mechanism.	Explore with students definitions of the term "defense mechanism." Discuss why people develop defense mechanisms, how they work, and what the differences are between healthy and unhealthy use of defenses. Help students to understand that denial is a defense mechanism used by human beings to protect themselves against something in their lives which they find threatening, which is causing them anxiety, or which they cannot handle psychologically.
5.2 appreciate the distinction between healthy and harmful use of defense mechanisms	Participate in exploring healthy and unhealthy ways of using defense mechanisms.	

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		When used harmfully, defense mechanisms obscure the truth about a situation, resulting in denial of reality. Since denial of the existence of a problem, i.e., event, situation, circumstance, and behaviour, in one's life occurs on a subconscious level, one may not even be aware that there is a problem. The person may also have difficulty admitting that the problem exists. Denial impairs a person's judgment and results in self-delusion. This leads the individual into an increasingly destructive pattern of behaviour. Thus, denial not only diminishes a person's ability to recognize a true situation/problem, but may also restrict the person's ability to address and resolve the problem. The process of denial has many faces. They may manifest themselves in any one of, or a combination of, the following ways

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• **Simple Denial**: maintaining that something is not occurring when indeed it is a fact and **very** obvious to important others in a person's life. • **Minimizing**: admitting superficially to the problem but not admitting that it is serious in scope. • **Blaming**: a term that is also called projection. It is denying responsibility for certain behaviour and affixing the blame on someone or something else. • **Rationalizing**: offering alibis, excuses, justifications or other explanations for behaviour. The behaviour is not denied but an inaccurate explanation of its cause is given. • **Diversion**: changing the subject to avoid discussion of the topic which is threatening.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• **Hostility**: becoming angry or irritable when reference is made to the problem causing conflict. This is a defense to back challengers off the problem. • **Procrastination**: the almost universal defense of putting off what needs to be done now due to anxiety, fear, or lack of motivation. • **Fantasy**: failure to accept reality by engaging in wishful thinking about what would be preferred, e.g., "if only ..." • **Intellectualizing**: avoiding emotional, personal awareness of a problem by dealing with it on the level of generalization, intellectual analysis or theorizing.
5.3 understand the relationship between denial and the development of alcohol and other drug problems and chemical dependency	Participate in a lecture/discussion regarding the characteristics and combinations of various forms of denial.	Explain the characteristics of the various forms of denial. **Note**: The relationship between denial and chemical use/dependency where

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Consider the relationship between denial and chemical use/ dependency.	denial prevents the person from seeing the true existence of the problem with alcohol and other drugs. Distortion of reality through denial allows people to continue with chemical use, despite the onset of problems in their lives. The ability to accept painful reality diminishes with the development of an alcohol/drug problem, consequently increasing the use of denial and related defenses.
	Individually, read "An Example of Denial in Action" and identify the forms of defense used in the scenario described. Share individual responses with the class.	Provide each student with a copy of "An Example of Denial in Action" (see Appendix), asking students to read the scenario describing John's alcohol-related problems. Have students, on their own, complete the section outlining John's response to the problems by identifying the defense mechanisms being exhibited, using the blank spaces on the sheet to record individual response. Review student responses with the whole class.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Select role play situations, from those provided in the Appendix, which are suitable for students in the class. Using a specified form of denial, alternatively, substitute student- or teacher-prepared situations for student responses. Situations involving alcohol and other drug use and dependency are recommended for this activity. In preparation for the role play activity, divide the class into small groups. The size of groups depends on the situation to be presented. Provide each group with a scenario and indicate that they will be given 5 to 10 minutes to prepare for the role play of the specified form of denial. As background for the class, have each group read their assigned scenario without disclosing the form of denial to be represented in the role play to follow.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
5.4 demonstrate various defense mechanisms in role play	In a small group, role play a given situation involving a form of denial.	Have groups take turns presenting role play situations, involving the various forms of denial.
5.5 recognize various forms of denial being used in given situations	Observe other groups role play situations, using various defense mechanisms. Identify the specific defense mechanism being portrayed by the respective groups and state reasons for the selection of response. Propose "healthier" alternative approaches to handling the situations presented.	As students observe the role play of the respective groups, have them apply the following questions • Which defense mechanism is being used? What are the reasons for your selection? • What are some "healthier " alternative ways of handling the situation portrayed in the role play? Upon completion of each presentation, ask students to share their responses to the questions. Reiterate the relationship between alcohol and other drug problems and the use of denial. Emphasize that steady chemical users often become less able to accept painful reality especially when confronted

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		with the harmful consequences of their chemical use. This is partly due to the powerful "masking" effects of chemicals on feelings, i.e., causing a person to lose touch with the real situation. The loss of ability to accept reality also happens because, as time goes on, the user's defenses grow stronger and more rigid. This means having to work even harder to block out the negative consequences that people need to face if they are to change.
5.6 recognize their own unhealthy use of defense mechanisms and suggest healthy alternatives	As a private activity, not to be shared with classmates, reflect on a personal situation, using a defense mechanism. Identify the form of defense used, and consider possible alternative responses.	For their own use, have students reflect briefly on situations where they employed defense mechanisms in their own lives. Have them identify the form(s) of defense used and consider alternative ways of responding to the given situation.

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

6.0 Attitudes about Alcohol and Other Drugs

MAJOR OBJECTIVE: To examine personal and societal attitudes towards the use, misuse and problem use of alcohol and other drugs.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
6.1 understand the meaning of the term "attitude"	Develop a definition of the term "attitude."	Together with the class, explore the meaning of the term "attitude" (the preliminary definitions can be developed further after completing the survey activity which follows). It is important to remember that a non-judgmental, accepting and encouraging attitude on the part of the teacher will help create a supportive atmosphere in which students feel comfortable exploring and sharing their own attitudes. Divide the class into small groups of 5 or 6 students per group. Provide each student with a copy of the "Attitude Survey" (see Appendix). The purpose of the

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		survey is to have students, individually and collectively, rank order the behaviours demonstrated in the survey statements. Rank ordering enables them to explore and reflect on their attitudes toward those who have developed a problem with alcohol or other drugs.
6.2 explore their own attitudes toward the use, misuse, and problem use of alcohol and other drugs	Individually, read the "Attitude Survey" handout provided and rank order the statements from 1 to 12.	See Appendix for "Attitude Survey." Instruct students to read and complete the survey individually.
	In a small group, attempt to reach consensus on a rank ordering of the survey statements.	Ask students to share their individual survey responses with their group members and work at reaching consensus on rank ordering the 12 survey statements.
	Participate in a class discussion and assessment of the individual and group ranking exercise.	Have the class assess the rank ordering activity using questions such as the following

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
6.3 recognize that people's attitudes may differ widely	Discuss as a large group the difficulty in rank ordering and reaching consensus in the completion of this activity.	• How difficult was it to rank order these behaviours on your own? What were some of the criteria you used individually to complete the rank ordering? • How difficult was it to try to reach consensus on these behaviours in your small group? What were some of the criteria you used in your small groups to complete the rank ordering? If you ran into problems, what were some of the barriers to completing the task? • Did any people in your group strongly disagree with the rest of the group? If so, how did you resolve this conflict?
6.4 understand how attitudes evolve and change through personal experiences, exposure to information and the influence of others	Participate in a discussion of how attitudes are shaped and influenced.	In a large group, investigate how attitudes are influenced by • personal experiences and feelings • friends

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• peers • parents • older role models • school • media Discuss the various sources of influence, considering the following • the extent of their influence • whether the influences change over time • whether accuracy of information received guarantees "better" attitudes (e.g., school/media)
	Review/develop a school policy statement or guidelines on alcohol and other drugs.	Have students investigate whether the school has formal guidelines or a policy statement on alcohol and other drugs. Have them review, revise, or develop a school policy on the issue based on what they consider to be in the best interest of their school. Encourage students to invite response from the school administration to debate/modify/reaffirm the policy issues. For example, the school principal or a

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		member of the board of trustees could be invited to speak to the class and address student questions.
6.5 recognize that one's attitudes are reflected in one's behaviour	Discuss the influences of feelings and attitudes on health behaviour.	Close with a teacher-led discussion on attitudes and their influence on behaviour. Emphasize that while an attitude, as a feeling or mental position, is neither right nor wrong, its influence on behaviour can have positive and negative consequences for self and others. The attitudes people hold can help or hinder their growth. Reiterate that people's attitudes and choices in behaviour differ widely and are shaped by their own feelings, values and experiences as well as by influences received from a variety of sources. An understanding and periodic assessment of feelings and attitudes underlying behaviour can help change both attitudes and behaviours. Change is not always easy, but it is possible.

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

7.0 Tobacco

MAJOR OBJECTIVE: To gain a better understanding of why people smoke and how to quit smoking, and to help eliminate smoking from the environment.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		The following two pieces of legislation regarding tobacco sales and smoking are currently in effect in Manitoba **Bill C-51** (federal legislation) • involvement of tobacco manufacturing companies in advertising through sports and the arts **Bill 16** (provincial legislation) • no vendors are allowed to sell tobacco/tobacco products to minors (children under 18 years) • 50 per cent of all eating places are to be allocated as non-smoking areas

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 7.1 understand why people smoke	Identify personal, social and cultural reasons why people smoke.	Have the class identify personal, social and cultural reasons why people smoke. These could include the following **Personal** • way to belong • reduce or control weight • restlessness • look "cool" • calm down • speed up **Social** • peer pressure **Cultural** • Native ceremonies
	Discuss some negative and positive aspects of smoking.	In discussing negative and positive aspects of smoking, emphasize the damaging effects on health.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Health risks include the following • asthma • chronic lung disease • heart disease • cancer (lung, head/neck, kidney/bladder)
7.2 recognize sources of secondhand smoke	Discuss the possible sources of secondhand smoke.	Discuss key sources of secondhand smoke. For example, smoking • when pregnant • in the home • in the workplace • in public places
7.3 recognize barriers to quitting smoking	Participate in a small-group discussion of ways to quit smoking, barriers to quitting, and supports available to help people quit smoking.	Divide the class into small groups and have students identify and discuss • barriers to quitting smoking • methods/strategies to quit smoking • supports available to help people quit smoking

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Report group findings to the class for discussion.	Lead a class discussion on group findings, providing additional information as needed. Barriers to quitting smoking could include • peer pressure/acceptance • withdrawal symptoms • habit • stress • fear of possible weight gain • lack of support • unsuccessful previous attempt to quit smoking
7.4 recognize strategies and supports that can help people quit smoking	Participate in a small group discussion on strategies and supports to quit smoking.	Strategies and supports people can use individually or in groups to successfully quit smoking include • "cold turkey" • Nicorette gum (*by prescription only*) • acupuncture • hypnosis • partner support • support groups

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Share findings with the large group.	• smoking cessation programs • former smokers • public health nurse • family physician • local Lung Association • local Cancer Society ("A Checklist for Choosing a Method to Help You Quit Smoking," prepared by Health and Welfare Canada, appears in Appendix. A list of benefits of smoking cessation, produced by the Manitoba Lung Association, is provided in the Appendix.)
7.5 describe ways to help eliminate smoking from the environment	Suggest actions that people can take to eliminate tobacco/smoking from the environment.	Have students describe the kinds of actions they can take individually or collectively to eliminate smoking. Suggestions include • support to individuals who are attempting to quit smoking • advocate non-smokers' rights

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• disallow smoking in one's home and car • put out cigarettes smouldering in ashtrays • state objections to smoking • requesting non-smoking table in restaurants • advocate the removal of cigarette vending machines • support efforts to restrict smoking and complying with regulations prohibiting smoking in the workplace, public transportation vehicles, eating areas, and other public places • support "smoke busters," a citizens' advocacy group monitoring vendors selling to minors.

UNIT 2: RESPONSIBILITY TO SELF AND OTHERS

8.0 Chemically Dependent Families

MAJOR OBJECTIVE: To develop an understanding of the impact of chemical dependency on the families and friends of chemically dependent persons, and to become familiar with available community resources.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		NOTE: Be sensitive when teaching this unit. Avoid student discussion about personal experiences as these may be painful to some students. Emphasize the resources available to assist families experiencing problems. Introduce the topic of chemically dependent families with a brief lecture, inviting student participation where appropriate. Emphasize that alcohol and drug dependency can affect families from any social, economic, religious, racial, educational or occupational group.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 8.1 know some common characteristics of families affected by alcohol and other drug dependency	Participate in a lecture/discussion regarding some of the common characteristics of families dealing with chemical dependency.	The effects on those close to a chemically dependent person are predictable and progressive, just as they are on the person with the dependency problem. In homes where chemical dependency exists, the attention and energy of family members tend to be focused on the often unpredictable behaviour and its impact on the home environment and on developing coping strategies necessary for survival. Children's basic needs often remain unmet in the process. The neglect of children's well-being may impede their normal development.
8.2 explain some feelings commonly experienced by children in chemically dependent families	Explore how children are affected by and deal with chemical dependency in their homes.	In dysfunctional families, children commonly feel responsible for the family problems but feel powerless to change the situation. Frequently, they are forced to assume responsibility for household tasks as well as for the care and well-being of younger siblings and even parents while they themselves may experience problems such as

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• inadequate care, protection and support • inconsistent and unpredictable relationships • increasing social isolation. In an effort to survive and adapt to the stresses of chemical dependency in the family, children tend to adopt survival roles or behaviours which allow them to repress painful feelings. These behaviours are likely to be carried into other present and future relationships.
8.3 describe ways in which chemical dependency in a family may complicate or impede healthy adolescent development	Explore how healthy adolescent development may be hindered by the effects of chemical dependency in a family.	Many children of chemically dependent parents are ill-equipped for the developmental tasks of adolescence. Young people in such a situation may experience • difficulty establishing their own identify • difficulty separating from family • embarrassment and stigma • depression, anger, and guilt • increased risk of addiction

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Introduce a role play scenario involving a chemically dependent family of five: mother, father, two sons and a daughter. Ask for volunteers from the class to play the roles of the five characters. Provide volunteers with copies of the role descriptions along with the role play instructions and discussion guidelines (see Appendix). Allow the role play group a few minutes to familiarize themselves with their respective parts and to read the instructions.
8.4 portray and/or recognize behaviours and feelings of family members affected by chemical dependency in a given role play scenario	Role play or observe the role play of a given scenario of a chemically dependent family. Write a brief story about a chemically dependent person and share it with the class.	If students do not wish to role play, you may have them write a story instead. Have the group act out the scenario within the allotted time (a maximum of 8-10 minutes). Stop the role play after the main points have been covered. Ask the audience and actors to provide feedback to the exercise. Use the following questions as discussion guidelines

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Discuss the feelings and behaviours portrayed in the role play or the story.	**Audience** • What behaviours did you observe for each role during the role play? • What feelings likely accompanied each of the behaviours exhibited? **Actors** • What were some of the feelings you experienced or tried to convey in playing your assumed role? • What was it like to play the role?
	Identify some of the major effects of the chemical dependency on each of the family members in the scenario.	**Audience and Actors** • What were some of the major effects of chemical dependency on the members of this particular family? Summarize the main points of the role play, noting in particular the following

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• the major effects of chemical dependency on the family • differences in how each member was affected Stress that family members and friends of persons suffering from alcohol/drug dependency are not responsible for the problem. They need to understand that chemical dependency is an illness which they did not cause and which they are unable to cure.
8.5 recognize that children are not responsible for causing or curing a family member's dependency on alcohol or other drugs	Brainstorm ideas on what would help children cope with chemically dependent families.	In the large group, brainstorm some ideas on what children should know about coping with situations where chemical dependency exists. For example, students should be aware that • they did not cause the chemical dependency • they cannot stop the use of alcohol or drugs • they cannot cure the illness/ problems • they are affected by the home environment

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• their reactions to the situation may be reflected in their behaviours • they need to take care of themselves by seeking help/ support • community resources are available to help those caring for and struggling to cope with family members dependent on alcohol/drugs
8.6 recognize the importance of seeking support in coping with chemical dependency in a family	Discuss sources of support incoping with chemical dependency in a family.	Affected persons may require help in dealing with the emotional pain arising from a relationship with a person dependent on alcohol/drugs. Even if the chemically dependent person in the family does not seek help, other members can learn what to do for themselves to cope successfully with the effects of the problem. Talk about the barriers to seeking help. People often find it hard to admit that there is a problem and/or that they are having difficulty coping with the problem.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Stress the importance of seeking someone to talk with about the problem.
8.7 know some resources available to children, young people, and families affected by chemical dependency	Review community resources available to chemically dependent families.	Provide each student with a copy of the list of "Community Resources" (located in the Appendix). Review the resources available in the local community to assist people struggling with the impact of someone else's dependency problem on their lives.

CASE STUDY 3

Tom and Pam, both Senior 2 students, have been going out for several weeks. Tom takes Pam to an expensive concert to celebrate her birthday. Pam is impressed with his generosity and the way he is so cool with her.

After the concert they go to her house. Her parents are away for the weekend. Tom puts on some slow music and they begin to dance. While Pam is enjoying a romantic moment with a special date, Tom is thinking he's going to "get lucky" tonight. Tom and Pam begin necking and soon they are on the couch. Pam suddenly realizes that Tom expects to collect on his "investment" for the evening. She's crying and he's yelling at her for leading him on. They are both confused and upset.

Discussion Questions

- How did Tom and Pam view the situation?
- What were the communication problems?
- How did poor communication occur in this situation?
- Why might Tom have thought his expectations were reasonable?
- What were Pam's expectations?

CASE STUDY 4

In the locker room after a game, several team members are bragging about sexual successes. Wes is just listening to Jeremy and Garry boast about how easy it would be to make out with Jane especially since she seems to like Garry. They start bugging Wes about being a virgin and offer their help in ending his virginity.

After changing, the three boys meet up with some of their other friends at the local restaurant. Jane is there with two of her friends. Garry approaches the girls and talks Jane into coming for a ride with him and having a few beer. As she and Garry get into the car, Wes and Jeremy hop into the back seat with the beer. Jane suggests bringing her friends along, seeing as Wes and Jeremy are coming. Garry refuses and drives off. Wes knows the plan is for all the guys to have sex with Jane, and he's beginning to feel uncomfortable.

Discussion Questions

- What are some decisions Wes could have made (in the locker room, restaurant, car) to avoid being part of this situation?
- What could Wes have done to attempt to diffuse the situation with his friends (ways to say no, change his friends' minds, etc.)?
- What are some clues Jane might have picked up on that could have helped her avoid a potentially dangerous situation?

CASE STUDY 1

Michele (age 16) drives with her boyfriend Mark (age 17) to a party at a farm 10 km out of town. There are no parents around and there's a lot of drinking going on. Michele has a few beer, and Mark gets really loaded. Michele doesn't have her driver's license. Michele has a 12:30 a.m. curfew and it's now 12:15 a.m. Looking at Mark she realizes he's too drunk to drive home. He insists he's okay to drive.

Discussion Questions

- What pressures is Michele under in deciding what to do? (from friends? boyfriend? peers? concern for safety?)
- What are some of Michele's choices/options? (phone parents? drive herself? stay overnight? designate a driver? etc.)
- How can she plan to avoid this situation in future?

CASE STUDY 2

Kris, Matthew and Jordan (all age 15) are hanging around Matthew's house Saturday afternoon. Kris and Jordan suggest going out for a drive in Matthew's parents' car. At first, Matthew resists, saying his dad would kill him if he found out. Kris and Jordan assure Matthew that nothing will happen and that his dad won't find out. Besides, they won't go for a long ride. Matthew gets the keys and off they go, with Jordan at the wheel. They head out to the highway and decide to see how fast the car will go.

Discussion Questions

- What are the risks and potential dangers to the driver, the passengers, and the public.
- What are the potential legal, safety, and family consequences of action?
- What else could Matthew have done to handle the pressure to take the car?

APPENDIX – UNIT 2

RESPONSIBILITY TO SELF AND OTHERS

CASE STUDY 5

Kristen and two of her friends, Jennifer and Jessica, are at a Friday night party at Joe's house. His parents are away. There are about 20 people at this party and the boys are drinking. The three girls start talking about some guys across the room whom they hardly knew. Kristin thinks Jeff is cool and wants to meet him. Since she's outgoing, she goes over to Jeff and asks him to dance, thinking she would like to get to know him better. Jeff thinks to himself, she must think I'm cool — it's my lucky night. Jeff holds Kristin really tightly and fondles her back. Kristin is not enjoying his clutch and she overhears her friends giggling about World Wrestling Federation wrestling on the dance floor.

She tries to talk to Jeff but he says she talks too much and tells her to be quiet. Kristen wants some space and, to break the connection, suggests they go outside for air. Alone outside on the back-yard deck, Jeff grabs Kristin and throws her down and proceeds to push her around and grab at her clothing. She tells him to stop and screams. He lets her go.

Discussion Questions

- What were the risk factors for personal safety for Kristin and her friends at this party? (parents not home, alcohol)
- What were the things/characteristics about Jeff that could have alerted Kristin to potential danger?
- How else could Kristin have handled her discomfort at Jeff's aggressive advances? What might she have said?
- What could her friends have done to help Kristin out of her jam?

CASE STUDY NO. 6

Robin is 16 years old and is returning from work around 11 o'clock on a Thursday night in mid-January. The car runs out of gas 5 km from town, and there are no houses around. A car stops and the driver, who is about a year older than Robin, gets out and offers to help. Robin recognizes the guy as someone from around school. He says his name is Bill and offers a ride home. Bill seems okay so Robin accepts the offer because there doesn't seem to be any other alternative. Robin starts feeling uncomfortable on learning that the passenger door of the 2-door Capri doesn't open because it's been damaged. Robin climbs in through the driver's side and they head off towards town.

Bill suggests stoping at a restaurant for something to eat so that they can get to know each other better. Robin says it's time to go home since Robin is already an hour late and the parents will be worried. Bill misses Robin's turn off and Robin begins feeling unsafe, suspecting that Bill doesn't intend to take Robin home. Robin tries to get out of the car, but the door won't open. Bill stops the car and puts his hand on Robin's leg and rubs it. Robin looks at Bill and firmly says, "Don't touch me. I need to go home. My dad will be looking for me now! Go back to the restaurant for coffee and I can phone home from there."

NOTE: Robin could be male or female.

Discussion Questions

- What are some personal safety precautions Robin should routinely take for the ride home from work? (plenty of gas, appropriate clothing, telling parents the route home and the expected arrival time and sticking to them, leaving a note in the car, etc.)
- Besides accepting a ride, what could Robin have done in response to Bill's offer to help? (asking Bill to phone Robin's parents, phone a tow truck, get some gas from town, etc.)
- What would be the differences in the personal safety issues if Robin was male or female?

FACTS AND MYTHS

True False 1. Alcohol is a drug.

True False 2. Alcohol is a stimulant and tends to pep you up.

True False 3. One bottle of beer has the same amount of alcohol as a shot of hard liquor or a glass of wine.

True False 4. A person can sober up quickly by drinking coffee.

True False 5. Everyone's body reacts the same way to the same amount of alcohol.

True False 6. People can die of alcohol poisoning.

True False 7. Most alcoholics are homeless people who have difficulty keeping jobs.

True False 8. A person is addicted to a drug when they need to do the drug all the time.

True False 9. People can become psychologically dependent on any mind altering drug.

True False 10. You can be charged with a drinking and driving offense if your Blood Alcohol Content (BAC) is less than .08%.

True False 11. Children of alcoholics are more likely to develop drinking problems than children of non-problem drinkers.

True False 12. If you drive a car after only one or two drinks, your ability to estimate and regulate your speed will be negatively affected.

True False 13. Most traffic accidents are alcohol or drug related.

True False 14. The term "blackout" refers to a person who has passed out.

True False 15. On a cold night, a drink of alcohol will warm you up.

True False 16. Alateen offers assistance to teenagers who drink too much.

True False 17. The reasons that teenagers give when asked why they use alcohol and other drugs are different from the reasons adult would give.

True False 18. Marijuana smoke is no more harmful to the lungs than cigarette smoke.

True False 19. The majority of people who try cocaine end up as cocaine addicts.

True False 20. LSD cause chromosome damage in humans.

FACTS AND MYTHS

Answer Key

[✓ True] False 1. **Alcohol is a drug.**

Because alcohol is an accepted part of our society, the fact that it is a drug is often overlooked. Alcohol is a drug, one of a range of central nervous system depressant drugs.

True [✓ False] 2. **Alcohol is a stimulant and tends to pep you up.**

Because the initial effect of alcohol on the brain slows down the area that controls our judgment and thoughts, and thus reduces our inhibitions and makes us feel more outgoing and lively, many people assume alcohol is a stimulant. Actually, alcohol is a central nervous system depressant, not a stimulant. As a person continues to drink, the depressant action of alcohol increases and slows down the portion of the brain responsible for muscle coordination. Increasing doses of alcohol progressively depress other areas of the brain in a manner similar to an anaesthetic, until unconsciousness or death result.

[✓ True] False 3. **One bottle of beer has the same amount of alcohol as a shot of hard liquor or a glass of wine.**

A regular bottle of beer (341 mL) contains the same volume o alcohol as a shot of hard liquor (43 mL) or a glass of wine (150 mL).

True [✓ False] 4. **A person can sober up quickly by drinking coffee.**

Despite the prevalence of sobering up myths, nothing can speed up this process because the body's liver metabolizes or breaks down alcohol at a fixed rate. Coffee, cold showers or a long walk may keep a drunk person awake, but it will not rid the body of any alcohol, nor will it improve the person's judgment or sharpen their reaction time. Alcohol is metabolized or broken down by an adult's liver at a rate of about 14 mL (absolute alcohol or approximately the equivalent of one drink) per hour.

True [✓ False] 5. **Everyone's body reacts the same way to the same amount of alcohol.**

There are many factors that influence the effects of alcohol on a person's mind and body. For example, the person' size, gender, the presence of other drugs in the person's system, whether or not the person had eaten before or while drinking, the person's mood at the time of drinking, how efficiently the person's body is able to metabolize the alcohol, and the existence or degree of acquired tolerance to alcohol.

[✓ True] False 6. **People can die of alcohol poisoning.**

Due to the depressant effect of alcohol on the central nervous system, an overdoes of alcohol can cause a person to lapse into unconsciousness and occasionally death. Rapid ingestion of alcohol, i.e., chugging contents, can allow a lethal dose of alcohol to depress the brain to the point of death. The normal protective mechanism of the body, i.e., vomiting, may not have time to come into play in these situations. Deaths from alcohol poisoning are generally due to respiratory arrest resulting from blood alcohol concentrations in the range of 0.50%. Another frequent cause of death from heavy drinking happens when people pass out, vomit while passed out, and breathe the vomit into lungs and suffocate.

True [✓ False] 7. **Most alcoholics are homeless people who have difficulty keeping jobs.**

Between 30% and 40% of all clients in alcoholism rehabilitation programs across Canada are employed. Another 15% are housewives, students, retired or seasonally employed workers. The myth that alcoholics are mostly poor and unemployed is a myth — alcoholism affects people from all walks of life.

True [✓ False] 8. **If a person is addicted to a drug, they need to do the drug all the time.**

While frequency of alcohol and drug use may be one factor in determining whether a person is addicted to a drug, it is more helpful to look at alcohol and drug addiction in terms of the problems the drug use is causing for the person. A definition of chemical dependency/addiction used by the Alcoholism Foundation of Manitoba does not mention frequency of use, but states, "The chemically dependent person is that individual whose dependence upon mood altering substances has attained such a degree as to disrupt work or school performance, interfere with family or interpersonal relationships, disrupt smooth social and economic functioning, and impair the state of physical and/or mental health."

[✓ True] False 9. **People can become psychologically dependent on any mind-altering drug.**

Because the mind-altering effects of psychoactive drugs are most often experienced by the user as positive or rewarding, and are therefore sought after, using the drugs becomes self-reinforcing for people. As a result, they become preoccupied with seeking the desired drug effect.

[✓ True] False 10. **You can be charged with a drinking and driving offense if your Blood Alcohol Content (BAC) is less than .08%.**

Even if your Blood Alcohol Content (B.A.C.) is below .08%, a person can be charged with the related Criminal Code offense of 'Impaired Driving.' The law says that it is a crime to operate a motor vehicle while your ability to do so is impaired by alcohol or a drug. Interestingly persons whose ability to drive is impaired due to lack of sleep, emotional state, etc., can also be charged with the crime of impaired driving. Generally, impairment due to alcohol and other drugs is determined by police observation. A variety of signs indicate to a police officer that you are impaired: smell of alcohol on the breath, erratic driving, lack of coordination, glassy eyes, slurred speech, or clumsiness in presenting documents. The court will decide, after hearing evidence,if you were guilty of driving while impaired. Of interest is the possibility that you can be charged with impaired driving or driving while your BAC is over .08% even if you are not in your car, merely standing nearby with the keys, appearing as if your intention is to set the vehicle into motion.

[✓ True] False 11. **Children of alcoholics are more likely to develop drinking problems than children of non-problem drinkers.**

Children of alcoholics constitute a high-risk population for developing physical an mental health problems on a short and long term basis. They have also been identified as the highest risk population for developing alcoholism. This may be a consequence of genetic or environmental factors, or both. Research indicates that children of alcoholic parents are twice as likely to develop alcoholism than other children. However, as with other types of diseases, predisposition does not condemn a child to a particular outcome, but it does increase the risk. Risks can be reduced through preventative efforts aimed at increasing children's self-esteem and increasing their understanding of the nature of alcoholism.

[✓ True] False 12. **If you drive a car after only one or two drinks, your ability to estimate and regulate your speed will be negatively affected.**

After one or two drinks, and depending upon the time factor involved, the depressant effects of alcohol on the central nervous system can impair a person's ability to estimate distance between moving objects and to react accordingly.

[✓ True] False 13. **Most traffic accidents are alcohol or drug related.**

The Traffic Injury Research Foundation of Canada claims that alcohol consumption is implicated in approximately 60% of all drive fatalities in Canada. Cannabis use is implicated in about 12% of these fatalities.

True [✓ False] 14. **The term "blackout" refers to a person who has passed out.**

A 'blackout' is a state of time-limited amnesia where the person is unable to recall events or personal experiences which occurred during a period of time when they were under the influence of alcohol. These memory 'blanks' may span only a few minutes, or several days. During blackouts, a person may appear to be functioning relatively normally, but will have no later recall of that period of time. Blackouts are different from forgetting or repression — blackouts are periods where the brain was not recording information which occurred so that there is no way for it to be recalled.

True [✓ False] 15. **On a cold night, a drink of alcohol will warm you up.** One of the initial effects of alcohol on the body is that it dilates the blood vessels close to the skin. This results in the flushed skin commonly associated with drinking. The result of this blood vessel dilation is that there is a net loss of body heat to the air from our skin — which ultimately decreases our body temperature. Over a short period of exposure to cold outdoor temperatures, this may not present a major problem. With an increasing exposure time to cold temperatures, this net loss of body heat continues with the possibility of developing hypothermia, a potentially fatal cooling of the body.

True [✓ False] 16. **Alateen offers assistance to teenagers who drink too much.**
Alateen does offer assistance to teenagers, but not to those who drink too much. Alateen assists teenagers whose lives are being adversely affected by someone else's drinking, e.g., their parents.

True [✓ False] 17. **The reasons that teenagers give when asked why they use alcohol and other drugs are different from the reasons adults would give.**
While the emphasis on some of the reasons, e.g., peer pressure and the feeling of greater maturity, may differ between the two groups, the reasons most people use alcohol and other drugs are basically the same. The mind-altering effects are being sought after to provide a change in the way people feel — whether it's to have more fun, escape boredom and drudgery, rebel, deal with problems or anxiety, to feel like part of the group. Problems can result from use when other avenues of changing or attaining feelings of well-being are not developed.

True [✓ False] 18. **Marijuana smoke is no more harmful to the lungs than cigarette smoke.**
The smoke from a marijuana joint is much more harmful than cigarette smoke for two main reasons. The first reason is that marijuana smoke contains higher levels of tar and other lung irritants, in addition to higher levels of known carcinogens (cancer-causing ingredients). The second reason is the usual manner in which a marijuana joint is smoked — generally the smoke is inhaled into the lungs and held there for as long as possible to enhance absorbtion of THC into the bloodstream.

True [✓ False] 19. **The majority of people who try cocaine end up as cocaine addicts.**
While media reports of cocaine use have tended to sensationalize the addictive potential of cocaine, recent research out of the Addiction Research Foundation of Ontario indicates that the proportion of people who try cocaine and end up addicted to it, is not significantly higher than those who try alcohol or other drugs and end up addicted. Estimates from the ARF are that between 5-10% of those trying cocaine end up addicted.

True [✓ False] 20. **LSD causes chromosome damage in humans.**
Early studies associating the use of LSD with chromosome damage have not been confirmed conclusively.

FACT SHEETS

Information about Tobacco, Alcohol, Marijuana, and Cocaine

The following fact sheets may be useful in stimulating classroom discussion abut specific drugs or if a drug education curriculum does not provide sufficient information. Teachers may use them for reference, or they may duplicate them for distribution to students. If they are distributed, it is advisable to review the information with students to make sure it is understood.

Cigarette Tobacco Fact Sheet
Smokeless Tobacco Fact Sheet
Alcohol Fact Sheet
Fetal Alcohol Fact Sheet
Marijuana Fact Sheet
Cocaine and Crack Fact Sheet

SOURCE: Agency for Instructional Technology. **A Teacher's Guide for Your Choice ... Our Chance.** Bloomington, IN: Agency for Instructional Technology, 1989, pp. 47-51, 54-56.

Cigarette Tobacco Fact Sheet

Facts

- Nicotine (the principal chemical in tobacco) has damaged or endangered the health of more Americans than any other substance.

- One out of six smokers dies from heart disease, lung disease, or cancer.

- Nicotine is as addictive as heroin, but it affects many more people.

- Young children of smoking parents have more bronchitis and pneumonia than children of non-smoking parents.

- Smoking, or breathing others' cigarette smoke, can trigger asthma and allergies.

- Two-thirds of all cigarette smoke goes into the air and harms others.

- Second-hand smoke (from cigarettes of others) has more harmful chemicals than the smoke the smoker inhales (twice as much tar and nicotine, three times as much benzpyrene that causes cancer, five times as much carbon monoxide, and 50 times as much ammonia).

- Children inhale two to three times more harmful chemicals in smoke in ratio to their body weight than adults do.

- Women who smoke while using contraceptive (birth control) pills are more likely to have strokes, heart attacks, and blood clots in their legs.

- Pregnant women who smoke are more likely to have a miscarriage, stillbirth (baby born dead), or a baby who is too small or has physical or mental handicaps.

- The National Institute on Drug Abuse says that research shows that students who smoke tend (1) to be less successful academically; (2) to have parents, and usually an older sibling and friends, who smoke; and (3) to think that smoking is not harmful.

Who Smokes and When

- Most people begin smoking between the ages of 12 and 18.

- In 1979, 25 percent of teenagers smoked; in 1989 only 12 percent did.

- The number of female smokers now equals the number of male smokers; the fastest growing group of smokers is teenage girls.

What Nicotine Does

- stimulates brain and nervous system
- raises blood pressure
- increases heart rate
- slows digestion
- curbs appetite
- lowers skin temperature
- reduces blood circulation in legs and arms

What Carbon Monoxide in Cigarette Smoke Does

- cuts down on oxygen in blood, depriving the heart, which needs more oxygen when the nicotine in cigarettes drives it to pump faster

- increases cholesterol deposits in arteries, leading to heart disease

- damages vision, hearing, and judgment, leading to poor driving and athletic performance

Smokeless Tobacco Fact Sheet

Facts

- More teenagers are using smokeless tobacco (chewing or sniffing).
- Smokeless tobacco contains nicotine, which affects the user in the same way that nicotine in cigarettes does.
- Many who use smokeless tobacco are ignorant of its dangers.
- Smokeless tobacco is addictive; it is harder to stop using it than it is to stop smoking.

Harmful Effects of Smokeless Tobacco

- injury to ability
- receding gums
- tooth decay
- tooth discolouration
- bad breath
- leukoplakia

What Leukoplakia (loo-koh-playk'-ee-a) Is

- Leukoplakia causes leathery white patches inside the mouth.
- About five percent of leukoplakia cases develop into cancer of the mouth.

Alcohol Fact Sheet

Facts

- Alcohol is the number one drug problem among teenagers.
- Two-thirds of all students don't know that alcohol is a drug. Like other drugs, it affects both the mind and the body and can lead to addiction.
- People who start using alcohol at a young age (under 18) are more likely to become problem drinkers and to start using other drugs.
- Children of alcoholics are four times more likely to become alcoholics than children whose parents are not alcoholics.
- The average age for most people's first drink is 12 years.
- About 10 to 13 percent of all adults who drink are "problem drinkers"; their drinking causes problems for themselves and others.
- Alcohol causes many thousands of fatal accidents (car crashes, drownings), suicides, and murders involving teenagers every year.
- The effect of alcohol is directly proportionate to body weight; young people who weigh less are affected faster and more severely than fully grown adults.
- Alcohol is illegal for young people (under 21 in most states; under 18 in most provinces).

Alcohol in Drinks

Alcohol content in drinks is measured in "proof." Proof is twice the percentage of alcohol by volume. In other words, a bottle of liquor that is 80 proof is 40 percent alcohol by volume.

- Wine coolers run from 8 to 10.2 proof, or 4 to 5.1 percent alcohol.
- Most beer is 9 proof or 4.5 percent alcohol. A 12-ounce can of beer contains .54 ounces of alcohol.
- A 12-ounce can of beer (.54 ounces of alcohol), five ounces of wine (22 proof or .55 ounces), or one shot of whiskey (1¼ ounces, 80 proof or .50 ounces) all contain about the same amount of alcohol and will have the same effect.

What Alcohol Does

- •Alcohol is a depressant. It slows reactions and dulls the brain and senses.
- Alcohol passes directly to the brain, heart, liver, and other parts of the body without being digested.
- Alcohol immediately affects the higher centres of the brian, which control the ability to think, speak, reason, concentrate, remember, make judgments, and control moods and behaviour.

Alcohol Fact Sheet (continued)

- Alcohol affects coordination. It causes clumsiness and slow reactions.
- Alcohol dims and blurs vision and affects hearing, smell, touch, and taste.
- One ounce of alcohol contains 200 empty calories. It can make you fat, but it has no vitamins, protein, or carbohydrate.
- Alcohol deprives the body of B vitamins, the liver of vitamin A, and the adrenal gland of vitamin C. Many health problems linked to alcoholism result from lack of these vitamins.
- The liver and kidneys eventually break down and eliminate alcohol, but only at the rate of about 1/2 ounce per hour. It can take three hours to recover from the effects of three cans of beer.

Effects of Different Levels of Alcohol in the Blood

Percentage of Alcohol in the Blood	Effects on Behaviour
.01-.04	relaxation; minor impairments of judgment and memory
.05-.08	clumsiness in walking, talking, hand movements
.08-.10	impairment of balance and judgment; blurring of vision; slowed reaction time
.10-.15	greater impairment of judgment, memory, and self-control, irresponsibility, decrease in sense of pain, slurring of speech
.15-.20	mental confusion, lack of coordination and physical control, changed behaviour
.20-.30	inability to perform tasks, confusion and dazed state, possible unconsciousness, severe mental and physical impairment
.30 plus	unconsciousness and possible death
.40-.50	stopping of breathing process

Fetal Alcohol Syndrome Fact Sheet

Many people don't know that alcohol is a teratogenic drug. **Teratogenic** (ter-ra-to-jen'-ic) means that it can cause mental or physical damage to an unborn child in its mother's womb. **Fetal alcohol syndrome** is the name for the variety of problems afflicting children whose mothers drank excessively during pregnancy.

Facts

- When the mother drinks, the baby in the womb receives the same concentration of alcohol as its mother. But its liver is not fully developed, so it can't burn the alcohol off very well or very fast. As a result, the baby is affected by alcohol much longer.

- Babies born to alcoholic mothers may have many birth defects, including
  - low birth weight
  - malformed face (small head, misshapen eyes, flat nasal bridge, flattened midface)
  - damage to the central nervous system, resulting in poor ability to suck, disturbed sleep, short attention span, hyperactivity
  - malformations in major organs, resulting in muscle problems, badly formed bones and joints, kidney and genital problems

- Fetal alcohol syndrome is one major cause of mental retardation (but not all mentally retarded children had mothers who drank during pregnancy).

- Children suffer from fetal alcohol syndrome may have the following behaviours.
  - head and body rocking
  - clumsiness
  - difficulty getting along with other children
  - lack of self-control
  - learning disabilities
  - speech and language problems
  - problems paying attention

- The effect of alcohol on the baby depends on when, during its nine months of pre-natal development, it was affected by alcohol
  - Alcohol may cause organ damage during the first three months.
  - Alcohol may cause miscarriage during the second three months.
  - Alcohol may cause brain damage and poor growth during the last three months.

- Even when mothers drink small amounts of alcohol (not enough to get drunk), the baby may have a lower birth weight, unusual physical development, lower IQ, and damage to the central nervous system.

- The Surgeon General of the United States and public health agencies say that pregnant women should not drink any alcohol at all.

Marijuana Fact Sheet

Facts

- Marijuana comes from a plant called **cannabis sativa** (can'-a-bis sah-tee'-vah). The leaves and flowering tops are dried to produce a substance like tobacco which is then rolled in paper and smoked.

- The cannabis plant contains over 400 chemicals. One of them, called THC, is psychoactive (affecting the mind). The more THC in marijuana, the stronger and longer the "high," and the greater the harmful affects.

- Every plant is different, depending on growing conditions such as soil and water. As a result, the amount of THC can differ widely and be hard to control.

- The effects of smoking marijuana are felt within minutes, peak in 10 to 30 minutes, and last about two or three hours. Some of marijuana's ingredients can remain in the blood for a month after use.

- Hashish is another product of the cannabis plant that is smoked in a pipe. It usually contains higher levels of THC and is stronger than marijuana.

- Possession and use of marijuana or hashish is illegal for everyone virtually everywhere in the United States and Canada. People who sell it, buy it, or smoke it are breaking the law.

Effects of Marijuana

- **Low doses** — restlessness, giddiness, silliness, talking a lot; relaxation; craving for sweets

- **Higher doses** — quietness, slow thinking, abnormal fears, panic, anxiety, vomiting, feeling strange.

- **Long-term effects**
  - — increasing dullness, slowness, loss of energy, confusion, memory loss
  - — difficulty concentrating, poor logic and thinking, which affects speaking and school work
  - — slower reactions, affecting driving ability (especially when combined with alcohol)
  - — lowering of testosterone and number and quality of sperm in males
  - — menstrual problems in females
  - — more birth defects in babies whose mothers use marijuana while they are in the womb
  - — possible brain damage
  - — problems affecting lungs that are similar to those caused by tobacco
  - — probable lung cancer, marijuana smoke has more cancer-causing chemicals than cigarette smoke
  - — heart bets 50 times faster than normal; can cause chest pains and very low blood pressure

- Marijuana users may develop **tolerance**, meaning they need increasingly larger quantities to get the effect they once got from a smaller amount of the drug.

Cocaine and Crack Fact Sheet

Facts

- Cocaine is the most powerful drug that comes from a plant. It comes from the leaves of the coca plant that grows in South America.
- Cocaine is a white powder that is sniffed up or "snorted" through the nose.
- Almost 98 percent of cocaine users used marijuana first.
- Cocaine is highly addictive. It is the only drug that rats will choose instead of food, even if they starve to death.
- Cocaine has ruined the lives of people in all parts of society, including athletes, doctors, celebrities, housewives, teachers, and factory workers.
- Cocaine is so expensive that people who are addicted nearly always have to commit crime to pay for the habit.
- **Crack** is cocaine that has been changed so that it can be smoked. It is even more addictive and dangerous than "snorted" cocaine.

Effects of Cocaine and Crack

- Snorting cocaine can cause a very stuffy nose (like having a cold) and cause bad sores and even holes inside the nose.
- Smoking crack can cause congestion (clogging) in the lungs; coughing; sore throat; hoarseness; hot, dry tongue and lips.
- Cocaine can cause well-being, alertness, and overconfidence at first followed by confusion, anxiety, depression, inability to sleep, extreme restlessness, cold sweating, and hallucinations (seeing things that are not there).
- Crack affects the brain within eight to ten seconds of smoking. It causes a feeling of euphoria (you-for'-ee-a, meaning great peace and happiness) that lasts from five to 20 minutes. When the euphoria passes, extreme restlessness and violence may occur.
- Crack can cause addiction in adolescents after only one or two uses.
- Crack constricts (tightens up) the veins that carry blood to the heart, causing possible heart attacks and death, even after first use.

Jeopardy
A Group Game About the Effects of Alcohol and Other Drugs

The game has three categories of questions — Depressants, Stimulants, and Hallucinogens. Questions under each category have different point values, depending on the degree of difficulty (10, 20, and 30 points).

Note: You will notice that there are more questions in the Depressants category — this reflects the fact that alcohol and marijuana are the two main drugs used by teenagers and generally in society at large.

DEPRESSANTS (10 points) **Alcohol depresses the brain and causes people to lose their judgment and coordination. TRUE** — As a depressant, alcohol first affects the part of the brain responsible for judgment; with more alcohol, the part of the brain responsible for physical coordination is affected.	**DEPRESSANTS (10 points)** **People become more inhibited under the influence of alcohol. FALSE** — Alcohol affects people's judgment. Even with a moderate amount, people become less inhibited.
DEPRESSANTS (10 points) **Alcohol cures colds. FALSE** — There is no cure for the common cold, and alcohol will not even relieve the symptoms of a cold.	**DEPRESSANTS (10 points)** **In small quantities, alcohol does not impair a person's judgment. FALSE** — Judgment can be impaired with only 1-2 drinks.
DEPRESSANTS (10 points) **Red eyes are a sure sign of marijuana use. FALSE** — While red eyes are commonly seen in a person using marijuana, they are not the only sign of marijuana use. There are many other causes of red eyes.	**DEPRESSANTS (10 points)** **Marijuana is a safe drug to use. FALSE** — Marijuana has many risks. It is fat-soluble meaning it takes a much longer time than alcohol to leave the body. It has twice as much tar as cigarettes and contains over 420 different chemicals.
DEPRESSANTS (10 points) **Alcohol is known to increase sexual ability and performance. FALSE** — Alcohol may relax a person enough to depress their inhibitions about sex, but it does not increase sexual ability or performance. In fact, it may interfere with normal sexual responses because of its depressant effects.	**DEPRESSANTS (10 points)** **Alcohol affects muscle coordination, before it affects a person's reason or judgment. FALSE** — All part of the brain can be affected by alcohol. There is, however, a distinct pattern to impairment — a person's reason and judgment are affected long before muscle coordination is affected.

DEPRESSANTS (10 points) **Chronic bronchitis may develop in a long-term marijuana user. FALSE** — Due to the irritant effects of marijuana smoke on the throat and lungs, chronic bronchitis is often seen in regular long-term marijuana users.	DEPRESSANTS (10 points) **A hangover is mainly caused by the lack of sleep which accompanies partying. FALSE** — A hangover is the body's reaction to too much alcohol. In part, it is related to poisoning by alcohol and other components of the drink, and in part, it is the body's response to withdrawal from alcohol.
DEPRESSANTS (20 points) **'Physical tolerance' is drinking so much alcohol over a period of time that it takes more alcohol to get the same effect. TRUE** — Over a period of regular drinking, the body becomes accustomed to the presence of alcohol and adjusts so that it continues to operate normally in this situation by reducing the impact of alcohol on its functioning.	DEPRESSANTS (20 points) **A disease often associated with heavy drinking is cirrhosis of the kidneys. FALSE** — The serious, often fatal disease associated with long-term heavy drinking is cirrhosis of the liver, not the kidneys.
DEPRESSANTS (20 points) **Recent evidence suggests that heavy drinking may be associated with heart disease, brain damage, and lowering of the sex hormones. TRUE** — Research is beginning to indicate that heavy drinking is associated with all of the above, largely due to the damaging effects of alcohol on human cells.	DEPRESSANTS (20 points) **Alcohol cures feelings of inferiority. FALSE** — Alcohol affects the mood of most users, often resulting in a temporary feeling of well-being and power. This is opposite to a feeling of inferiority. The feeling of well-being produced by alcohol is only temporary; when the drug wears off, the feelings of inferiority will return. Other means of coping with feelings of inferiority are more effective and permanent.

DEPRESSANTS (20 points)

Drinking undiluted whisky can irritate and inflame the stomach. TRUE — Alcohol is extremely irritating to human tissues. Alcoholic spirits like whiskey are 40% alcohol by volume, and when drank straight, can be irritating to the stomach lining. The initial burning sensation felt in the stomach and throat is irritation from the alcohol.

DEPRESSANTS (20 points)

Alcohol helps you sleep. FALSE — Because it is a depressant drug, alcohol first acts to depress or slow down body functions. As with other drugs, when the drug effect is wearing off, a rebound or opposite reaction occurs. This is the body's attempt to regain a normal state — in doing so, it overcompensates and with alcohol, the rebound state is stimulation for a period of time until the balance is restored. So while a rink may depress you enough to fall asleep, the rebound stimulant effect may kick in and at a minimum, disrupt your sleep, or possibly awaken you. Additionally, alcohol interferes with REM or dream sleep which is important for maintaining your physical and emotional health.

DEPRESSANTS (20 points)

The two drugs responsible for most poisonings in Canada are tranquilizers and headache tablets. TRUE — A 1978 Health and Welfare Canada study reported these results from a study they did.

DEPRESSANTS (20 points)

Cannabis is the ingredient in marijuana and hashish which produces mood changes and changes in the way users perceive time and space. FALSE — The active ingredient in marijuana and hashish is THC, otherwise known as delta-9 tetrahydrocannabinol. Marijuana and hashish are obtained rom the hemp plant, 'cannabis sativa.'

DEPRESSANTS (20 points)

The main danger from an acute overdose of alcohol or other depressant drugs is passing out. **FALSE** — The major danger from an acute overdoes of alcohol is respiratory arrest, which means your breathing will stop. As alcohol is a depressant drug, it is possible to drink enough so that the part of the brain which controls breathing is drugged/depressed enough so that you stop breathing and die.

DEPRESSANTS (20 points)

Regular heavy use of alcohol increases the risk of developing certain cancers of the stomach and intestines. TRUE — There is research evidence which seems to suggest that the irritating properties of alcohol on the gastrointestinal tract over a long drinking career cause cellular changes which can become cancerous.

DEPRESSANTS (20 points)

Marijuana is a natural drug so it's not as harmful as other kinds of drugs. **FALSE** — Poison ivy is 'pure' or natural as well. Things are either dangerous or not, whether they grow in fields or are manufactured in labs. Marijuana contains approximately 420 chemicals, 60 of which don't occur anywhere else in nature. All cannabis products contain all those 420 chemicals, and the group most studied in THC, the most important active ingredient in marijuana. No scientific body in the world in this century has examined this drug and declared it harmless.

DEPRESSANTS (30 points)

Cirrhosis of the liver does occur among nondrinkers, but it is more frequent among heavy drinkers. **TRUE** — Cirrhosis of the liver is not limited to heavy drinkers, but it is relatively rate in nondrinkers.

DEPRESSANTS (30 points)

PCP (phencyclidine or angel dust) has both general anaesthetic and hallucinogenic effects. TRUE — In low doses, PCP produces motor incoordination, slurred speech, drowsiness, confusion and general numbness of the limbs. Euphoria is also experienced by many users, and occasionally nausea and vomiting. At higher doses, anaesthesia may occur, along with perceptual distortions and feelings of apathy and isolation.

DEPRESSANTS (30 points)

PCP (angel dust) was originally developed as an intravenous anaesthetic for human use. TRUE — PCP was developed as an anaesthetic but it had highly undesirable side effects including convulsions during surgery, and after-effects like delirium, visual disturbances and agitated behaviour. Later research into the drug did not find a medical use for it — for a number of years, its legal use was as a general anaesthetic for animals.

DEPRESSANTS (30 points)

Physical deterioration observed in heavy drinkers can be due to nutritional deficiencies. TRUE — When alcohol is present in the body, it interferes with the body's ability to use other sources of energy. Alcohol does not contain vitamins, minerals, proteins, or other essential nutrients, but it does contain calories.

DEPRESSANTS (30 points)

One of the long-term effects of alcohol use can be the experience of withdrawal symptoms. TRUE — If physical tolerance to the effects of alcohol has developed, the body has adapted to the presence of alcohol and will experience withdrawal symptoms when alcohol is no longer present in the body. These withdrawal symptoms will be the opposite of the original depressant effects, i.e., the body will be stimulated. Withdrawal effects can include elevated temperature and blood pressure, agitation, and irritability. Severe withdrawal effects can include hallucinations, seizures, and delirium tremens (DTs) which can be fatal.

DEPRESSANTS (30 points)

It is not dangerous to drink alcohol while taking sleeping pills. FALSE — Combining alcohol with other drugs, particularly other depressant drugs like sleep aids, can intensify the effects of these drugs to a dangerous degree. Even a small amount of alcohol is combination with another depressant drug can impair the ability to drive, operate machinery, and perform other simple activities. Many accidental deaths are due to the combined use of alcohol and other drugs.

DEPRESSANTS (30 points)

Sudden withdrawal from heroin is more dangerous to health and life than sudden withdrawal from alcohol or other depressant drugs. FALSE — Heroin is from the opiate class of drugs and one of its original medical uses was as a potent painkiller. While heroin is quite physically addictive, withdrawal from it and other opiates is less dangerous to lie than alcohol and barbiturate induced withdrawal syndromes.

DEPRESSANTS (30 points)

Long-term marijuana users often experience memory loss and their learning ability can be affected. TRUE — Research has demonstrated that long-term marijuana users are at increased risk of impaired learning ability and memory. Even with short-term use, users can experience memory and attention lapses.

STIMULANTS (10 points)

Cocaine and crack can cause heart attacks and strokes. TRUE — The risk of heart attacks and strokes is not only relevant to long term users, but can occur even in a first time user if the dose is high enough and the person is susceptible. Cocaine is a powerful central nervous system stimulant which causes the heart rate and blood pressure to increase greatly. This can drastically increase the risk of burst blood vessels (in the brain, this is a stroke) or heart failure.

STIMULANTS (10 points)

Cocaine and other amphetamines are the only drugs which lab animals will keep taking by themselves until they die from the effects. TRUE — Due to the powerful and intense feelings of stimulation and pleasure which strongly reinforce their continued use, lab animals made dependent on stimulants will keep using these drugs until they die from the effects.

STIMULANTS (10 points)

A cocaine high lasts approximately 4 to 5 hours. FALSE — The cocaine high, consisting of feelings of excitement and power, last for only 10 to 30 minutes. This is followed by a very intense feeling of letdown and depression. A 'crack' high is even shorter, with the intense high lasting only 3 to 10 minutes, followed quickly by an equally unpleasant crash, characterized by feelings of agitation, depression and renewed drug cravings.

STIMULANTS (20 points)

Cocaine is the drug most frequently responsible for serious disability to health, and intellectual and social performance. FALSE — While media reports lead people to believe in the existence of a cocaine epidemic, the drug most frequently responsible for serious disabilities and problems is alcohol.

STIMULANTS (20 points)

Cocaine is very addictive. People may become dependent on cocaine and crack with continuous use over a period of a few days. TRUE — There are two sides to dependency — psychological and physical. Cocaine appears to cause a high level of psychological dependence due to the intense high characterized by feelings of great mental and physical power. Physical dependence does occur among regular heavy users of the drug as seen by the presence of physical withdrawal symptoms after use of the drug has stopped. Both types of dependence can occur within several days of continued heavy use of cocaine.

STIMULANTS (30 points)

Chronic cocaine users gradually lose the ability to get the euphoric high feeling from taking cocaine. TRUE — Among chronic users, the feeling of euphoria is gradually replace with restlessness, extreme excitability, insomnia, and suspiciousness. Eventually, these changes in behaviour may be accompanied by hallucinations and delusions, a condition clinically identical to amphetamine psychosis and similar to paranoid schizophrenia.

STIMULANTS (30 points)

The major reason why crack is more dangerous than cocaine is because of the lung damage which occurs when you smoke anything and inhale it into your lungs. FALSE — Because crack is smoked, large amounts of the drug can reach the brain very quickly — quicker than snorting cocaine through the nose. This sudden rush of cocaine puts the brain, heart, blood vessels and other organs at serious risk of damage.

HALLUCINOGENS (10 points)

Hallucinogens (LSD, mushrooms, etc.) cause people to see, hear, and feel tings that are not real. TRUE — These more pronounced effects like hallucinations are most likely to occur at higher doses. In low doses, these drugs produce a variety of effects depending largely on which drug it is and the person's individual reaction to the drug.

HALLUCINOGENS (10 points)

Hallucinogens won't really hurt you, if you are careful how you use them. FALSE — There are a couple of problems with hallucinogens which can put a person at risk. Hallucinogens like LSD are sold illegally and often there are wide variations in ingredients and the quality of the drugs purchased. The user doesn't really know what he/she is taking, so in many cases, no matter how careful you are, you can't be sure of what you have. There are also reports that users may experience different reactions to the same drug at different times — sometimes a frightening experience. This can happen even if the drugs are pure and the dose is the same.

HALLUCINOGENS (10 points)

physical tolerance to LSD develops within a few days of regular use. TRUE — With regular use of LSD, tolerance to the drug develops so quickly that it is often virtually complete within a few days. That is, the user is unable to feel any of the drug's effects, even with a dose. Their tolerance is lost after a few days' abstinence. A person who has a built up tolerance to LSD will also be unable to experience the effects of some other less potent hallucinogens like psilocybin (mushrooms) and mescaline. This effect is called cross-tolerance.

HALLUCINOGENS (10 points)

A therapeutic use of LSD is for the treatment of paranoid schizophrenia. FALSE — There are no therapeutic medical uses for LSD which are currently accepted.

HALLUCINOGENS (20 points)

'Flashbacks' (a re-experiencing of sensations or feelings which occurred during a prior LSD high), occur only within a short period of time following the use. FALSE — A flashback can happen days, weeks, or even years after LSD use. The effects may range from pleasant to severely anxiety producing. Flashbacks are also reported with heavy users of PCP (angel dust).

HALLUCINOGENS (20 points)

LSD causes chromosome damage. FALSE — Early studies associating the use of LSD with chromosome damage have not been confirmed conclusively.

HALLUCINOGENS (20 points)

A person cannot become physically addicted to LSD. TRUE — LSD does not cause physical dependence. Even after long term use, there is no withdrawal reaction when drug use stops. However, some regular uses may become psychologically dependent on LSD. Psychological dependence exists when the drug is so important to a person' thoughts, emotions and activities that the need to keep using it amounts to a craving or compulsion.

HALLUCINOGENS (20 points)

The psilocybin (mushrooms) sold on the streets is most often not pure; in fact, street samples of drugs sold as psilocybin are more often LSD or PCP (angel dust). TRUE — This is true and is of concern as LSD is more potent than psilocybin; additionally the effects of PCP are more extreme and unpredictable than psilocybin. The purchaser is placed in a risky position.

HALLUCINOGENS (30 points)

Psilocybin (mushrooms) is the most potent or strongest hallucinogen. FALSE — LSD is by far the most potent hallucinogen, being approximately 100 times stronger than psilocybin and 4,000 times stronger than mescaline.

HALLUCINOGENS (30 points)

Long-term LSD use has no lasting effects. FALSE — There are a number of long-term consequences associated with chronic long-term LSD use including the possibility of 'flashbacks' (unpredictable, brief spontaneous recurrences of the original LSD experience without having taken the drug again; this can be pleasant or negative). Chronic LSD use can also result in prolonged depression and anxiety; occasionally a long-term psychotic reaction has developed from LSD use.

HALLUCINOGENS (30 points) **A few of the common short-term effects which can occur with a single use of LSD is a rise in body temperature and muscular weaknesses. TRUE** — A sufficient dose of LSD will usually produce short-term effects related to the central nervous system including increased blood pressure and body temperature, dilated pupils, rapid heartbeat, muscular weakness, trembling, nausea, chills, numbness, loss of interest in food, and hyperventilation.	**HALLUCINOGENS (30 points)** **LSD is noted for the ability to expand users' consciousness and to increase users' creativity. FALSE** — While users of LSD have reported these reasons, among many others, for using the drug, careful studies have failed to demonstrate any evidence of the claimed beneficial effects.
New Questions	**New Questions**
New Questions	**New Questions**

New Questions	**New Questions**
New Questions	**New Questions**
New Questions	**New Questions**
New Questions	**New Questions**

Stages of Alcohol and Drug Involvement

Alcohol and drug use can best be viewed on a continuum ranging from 'no use' to 'dependent' use — as follows:

- **Non use:** Has never used a particular drug.
- **Experimental use:** Has tried a substance once or several times. Use is motivated by curiosity about the drug effect.
- **Irregular use:** Use is infrequent and irregular, usually confined to special occasions (holidays, birthdays, etc.) or when opportunities present themselves directly.
- **Regular use:** Use has a predictable pattern, which may entail frequent or infrequent use. The user actively seeks to experience the drug effect, or to participate in the drug taking activities of the peer group. Usually he or she feels in control of the drug use (i.e., can take it or leave it).
- **Dependent use:** use is regular and predictable and usually frequent. The user experiences a physiological and/or psychological need for the drug. He or she feels out of control with regard to its use, and will continue to use despite adverse consequences.

Life Areas Chart

The following are some common attitude and behaviour changes which can accompany harmful involvement with alcohol and drugs. Singly, the signs do not necessarily need to raise concern. Clusters of signs may indicate the need to consider alcohol and/or drugs as a primary problem.

FAMILY	SOCIAL	PSYCHOLOGICAL
Quarrels over drinking/drug use; may include physical abuse by parent or child	Less interest in activities unconnected with drinking/drug use	Sensitive to comments about drinking/drug use
Threatened with loss of family	Not seeing former "straight" friends; seeking out new "using" friends	Next high carefully planned and anticipated
Increased family tension	Can't tell what is socially acceptable	May attempt suicide
New "using" friends not introduced to parents	"Everyone does it." Being "high" is the norm	Personality change, increased irritability, free-floating anxiety, aimless paranoia
Parental alcoholism of rigid abstinence	Taking risks in obtaining drugs	Self-destructive behaviour (e..g, slashing skin)
Harsh, inconsistent discipline for drinking/drug use	Borrowing money from friends	Using behaviour is rationalized to others
Parental denial and defensiveness about child's behaviour	Spending money to use drugs	Desire to continue using when others have stopped
Money or drugs missing from home	Talking with friends about "What did I do last night?"	Disorientation re: time, places, people
Avoiding parents	Alibi system develops	Difficult to face the day without drugs
Inappropriate phone calls		

Life Areas Chart (continued)

EDUCATIONAL/ OCCUPATIONAL	PHYSICAL	USING BEHAVIOUR	LEGAL
Not involved in extra-curricular activities	Difficulty concentrating	Lying about or hiding drug supply	Illegal methods used to ensure supply
Frequent absences; skips classes	Appetite and weight changes	Solitary drug and alcohol use	Impaired driving offenses
Regularly late to school	Changes in personal hygiene	Getting "high" before social functions	Frequent auto accidents
Disappears in afternoon	Poor appearance	Attends school "high"	Other offenses (assault, disorderly conduct, etc.)
Failing grades	Fatigue	Loss of control over use	Possession of drugs
Poor concentration	Accident prone (fractures, cuts, burns)	Week night use; all activities seem to involve use	Friends have records of possession, impaired driving
Falls asleep in class	Frequently ill	Does things that are regretted later	On probation for drug-related offenses (mischief, property damage, theft)
Avoids teachers/ counsellors	Poor memory	Selling possessions to buy drugs	
Frequent job changes	Physical complaints	Presence of drug paraphernalia	
	Alcohol or mouthwash on breath		

Case Studies

Case #1 — Frank

Frank is a 17 year old high school student. He reports that he smokes about 15 cigarettes daily, drinks 2-4 beers on most Friday and Saturday nights, has used 1-2 joints of marijuana on eight occasions in the pas year, and tried acid once.

He uses marijuana only with his out-of-town cousin, who is a regular marijuana smoker, and has turned down offers from his friends to smoke marijuana more often.

Frank is a competent student, active in sports, friendly and outgoing. He doesn't like to get drunk because he dislikes the feeling and effects.

Case Studies

Case #2 — Susan

Susan is a 15 year old grade nine student. She reports using glue four times (a year go last summer). Currently she reports smoking 15 cigarettes a day and drinking 5-8 beers every weekend night (Thursday, Friday, and Saturday).

Susan is a very shy, unhappy girl. She is doing poorly in school, skips classes, and is considering dropping out as soon as she turns sixteen. She engages in heavy drinking at weekly parties. She drinks to intoxication regularly, claiming that she has more fun and is more fun when she has had a few beers. She could not imagine going to a party without drinking, since it makes her feel part of the crowd.

She has broken curfew and been grounded countless times after going to these parties. Recently she has been picked up for drinking under age and this caused a big fight at home. Her most recent report card was mostly "Fs" and her teachers and parents are greatly concerned about her school performance.

Case Studies

Case #3 — Debbie

Debbie is an 18-year-old living on the streets. She reports smoking 5-10 cigarettes a day, taking acid when available — about 10 times in the past year. She also drinks 2-5 drinks 4 times a month, and uses cocaine 3 to 4 times a week for the past six months.

She works as a prostitute and occasionally feels very agitated after a bout of cocaine use. She has had a number of charges for illegal activities, and has experienced a number of health problems recently like sexually transmitted diseases and high blood pressure. She was hospitalized last month for a couple of days after an unsuccessful suicide attempt.

Her only friends now are the ones who also use cocaine and engage in prostitution. In the last month, she has pawned some jewelry left to her by her deceased mother because she needed the money. Her remaining family has little or no contact with her anymore. She dropped out of school about five months ago, stating it was boring.

An Example of Denial in Action

(Teacher Copy)

John had too much to drink at a school party. He and his friend were out in the hall when the principal came by. The principal told John he was drunk. John got very angry at this and said the principal was crazy. Almost in the same breath, he threw up on the principal. John's parents were told about this and he was grounded for a month.

John felt no remorse and didn't think he had done anything wrong. He **minimized** the seriousness of what had happened and **denied** he was drunk, saying he'd only had three beers. He **blamed** the trouble he was in on the principal, saying if only he had minded his own business this wouldn't have happened. He also **rationalized** the whole thing by saying that the only reason he drank that night was because his father was mad at him.

This is an example of different kinds of defenses. What John really wanted to do was to find a way that he didn't have to take any responsibility for what had happened.

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Role Play Situations

Role Play #1 — Blaming

(Also called projection); denying responsibility for certain behaviour and affixing the blame on someone or something else.

You and a friend had planned to go see the Jets play the Oilers tonight. However, you and your friend both get detention because your friend lost your assignment, and didn't turn his in either. There are still some chores that have to be finished at home. When you arrive home after detention, you are running out of time to get ready for the hockey game. Your parents are annoyed that you are late — and the school called them about your detention.

Use the defense mechanism above to deal with your parent's anger.

Role Play #2 — Hostility

Becoming angry or irritable when reference is made to the problem causing conflict. This is a defense to back challengers off the problem.

You and your girlfriend were at a party last night, where you drank heavily and got into a fight. She ended up driving home, after a big argument with you where you insisted you could drive. You were flirting with her best friend and your girlfriend was really upset over this incident. Today, your girlfriend wants to talk to you about your relationship with her and your drinking, which she thinks is creating problems for you and for her.

Use the defense mechanism above to deal with your girlfriend.

Role Play Situations
(continued)

Role Play #3 — Rationalizing

Offering alibis, excuses, justifications or other explanations for behaviour. The behaviour is not denied but an inaccurate explanation of its cause is given.

You are interested in asking a girl out on a date. You admire her very much and have told your friend you are going to ask her out on Friday after school. You panic and end up not asking her, because you are afraid she will say no. On Monday, your friends find out that you didn't ask her out and want to know what happened.

Use the defense mechanism above to deal with your friends.

Role Play #4 — Minimizing

Admitting superficially to the problem but not admitting that it is serious in scope.

You are a full-time mother, with two children ages 2 and 4. After a difficult day, you are frustrated and haven't had time to prepare supper. Your husband gets home and proceeds to tell you about the wonderful day he had at work. You stomp out of the house, after telling him he can take care of the kids and supper, while you go out or groceries and a coffee with one of your friends. You return at 11:30 p.m. that night — with no groceries and the smell of alcohol on your breath. Your husband is extremely annoyed and wants to know what is happening.

Use the defense mechanism above to deal with your husband.

Role Play Situations
(continued)

Role Play #5 – Fantasy

Not accepting reality and engaging in wishful thinking about what would be preferred, i.e., "if only."

Your father has a problem with alcohol – he has just lost another job due to his drinking and home is not a nice place to be right now. Your mom is really upset with him, and you're worried about how things are going to turn out for your family. Spring break is next month, and all the kids at school are planning exotic trips for their spring breaks, like skiing or going where it's warm. With the financial situation in your family, your family will be lucky to pay the mortgage with your mom's income. A couple of your friends ask you where you're going during spring break.

Use the defense mechanism above to deal with your friends.

Role Play #6 – Diversion

Changing the subject to avoid discussion of the topic that is threatening.

Your mother has been offered a job transfer to The Pas. This opportunity will mean a major promotion for her. After discussion with your father, they have decided that she should accept and that your family is going to move to The Pas over the summer. You are really unsure about moving to a small and strange community away from all your friends. When your friends at school ask you what you will be doing next year, instead of telling them how you really feel about the move, you cover up your real feelings.

Use the defense mechanism above to deal with your friends.

Role Play Situations
(continued)

Role Play #7 — Procrastination

Almost a universal defense. Putting off what need to be done now due to anxiety, fear, lack of motivation.

You have a school project in history due on Friday — it's now Tuesday. You are worried about getting a good mark on this project in order to bring your grade up. You and your friends meet after school, and the topic of the history project comes up. Your friends ask how you're doing with your project.

Use the defense mechanism above to deal with your friends.

Role Play #8 — Intellectualizing

Avoiding emotional, personal awareness of a problem by dealing with it on the level of generalization, intellectual analyses, or theorizing.

You were picked up last night for drinking and driving — your blood alcohol level at the time of your arrest was 0.15, well over the 0.08 legal limit. You feel ashamed and remorseful, but think that you really weren't that incapable of driving, despite your blood alcohol level. You are thinking you were probably in the wrong place at the wrong time and that's why you were caught by the police. Today, you and your parents are going to talk about what happened and why it happened, so that they can determine what the consequences are going to be.

Use the defense mechanism above to deal with your parents.

Role Play Situations
(continued)

Role Play #9 — Simple Denial

Maintaining that something is not so which is indeed a fact, and very obvious to important others in a person's life.

You have started hanging around with a heavy partying crowd at school. They seem to have more fun than your old friends because they drink and have lots of parties to which you are starting to get invited. You've started to dress like people in your new circle of friends and adopt some of their ways of talking and acting. Your old friends no longer seem very interesting. One day you run into your former best friend who says that you've changed and that she/he doesn't like the change.

Use the defense mechanism above to deal with your former best friend.

Attitude Survey

DIRECTIONS:

- **Individually** — Rank order the following behaviours according to how you feel about them — put a #1 next to the behaviour you feel **most positive** about, and a #12 next to the behaviour you feel is the **worst**. Rank order all the rest accordingly between 1-12.
- **In your small group** — share your rankings with your group. Then repeat the exercise, as a group, and attempt to reach a group consensus on the rankings.

______ 1. A basketball captain who drinks every weekend.

______ 2. A friend who uses alcohol or drugs in your car while you are driving.

______ 3. A babysitter who gets high while looking after someone else's children.

______ 4. A 19-year-old boy who drives while intoxicated.

______ 5. A boy who sells drugs in school.

______ 6. A girl you know who smokes in the bathroom at school.

______ 7. An acquaintance who offers you some marijuana because you've never tried it before.

______ 8. A friend who is hooked on alcohol and drugs but refuses to get help.

______ 9. A girl in your class who cheats on a test because she was drunk the night before and didn't finish the necessary homework and studying.

______ 10. A team member who doesn't perform well because of alcohol and drug abuse.

______ 11. A teenager who becomes obnoxious and insulting at a party after using alcohol and/or drugs.

______ 12. A friend who won't come to your party unless you serve beer.

Your Body Will Forgive You

(from Manitoba Lung Association)

One of the exciting aspects of quitting smoking is that, in time, we can actually reduce our risk of acquiring smoking-related diseases to that of a non-smoker.

Don't ever think that it's too late to quit smoking. Remember your body will forgive you; no matter how long you've been at it.

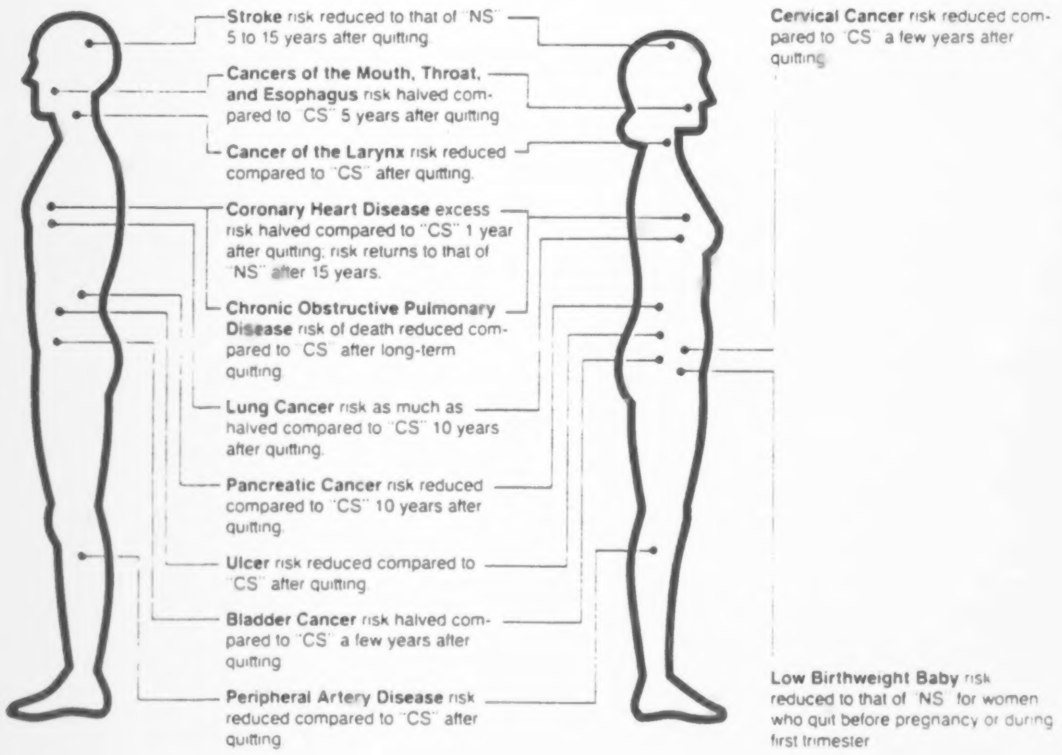
Thirty minutes after you quit:	blood pressure, heart rate and temperature of hands and feet become normal.
Eight hours after you quit:	carbon monoxide and oxygen levels in the blood return to normal.
Twenty-four hours after you quit:	risks for heart attack and stroke decrease significantly.
Forty-eight hours after you quit:	nerve endings in our mouth and nose regrow.
Seventy-two hours after you quit:	bronchial tubes relax and breathing is easier.
One week after you quit:	nicotine is flushed from our bodies.
Two weeks after you quit:	circulation, breathing and lung function improves.
One month after you quit:	coughing, sinus congestion and shortness of breath decrease.
Two years after you quit:	risks of heart attack drops to that of a person who has never smoked.
Five years after you quit:	risk of stroke drops to normal, risk of lung cancer deceases by half.
Ten years after you quit:	risk of most types of cancer drop to normal.
Fifteen years after you quit:	your risk of dying is similar to a person who has never smoked.

629 McDermot Avenue, Winnipeg, Manitoba R3A 1P6
Telephone (204) 774-5501
Fax (204) 772-5083

42 McTavish Avenue East, Brandon, Manitoba R7A 2B2
Telephone (204) 725-4230
Fax (204) 726-5800

Benefits of Smoking Cessation

Key
"CS" refers to continuing smokers.
"NS" refers to never smokers.



Stroke risk reduced to that of "NS" 5 to 15 years after quitting.

Cancers of the Mouth, Throat, and Esophagus risk halved compared to "CS" 5 years after quitting

Cancer of the Larynx risk reduced compared to "CS" after quitting.

Coronary Heart Disease excess risk halved compared to "CS" 1 year after quitting; risk returns to that of "NS" after 15 years.

Chronic Obstructive Pulmonary Disease risk of death reduced compared to "CS" after long-term quitting.

Lung Cancer risk as much as halved compared to "CS" 10 years after quitting.

Pancreatic Cancer risk reduced compared to "CS" 10 years after quitting.

Ulcer risk reduced compared to "CS" after quitting.

Bladder Cancer risk halved compared to "CS" a few years after quitting.

Peripheral Artery Disease risk reduced compared to "CS" after quitting.

Cervical Cancer risk reduced compared to "CS" a few years after quitting.

Low Birthweight Baby risk reduced to that of "NS" for women who quit before pregnancy or during first trimester.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health
Rockville, Maryland 20857

CDC
CENTERS FOR DISEASE CONTROL

Health and Welfare Canada   Sante et Bien-être social Canada

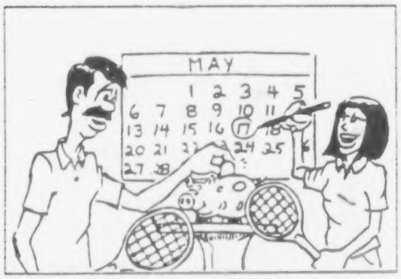
Laser Therapy
Hypnosis
Acupuncture

"CONFUSED BY THE NUMBER OF QUITTING METHODS?"

YELLOW PAGES

"FIND OUT WHAT'S AVAILABLE IN YOUR AREA"

"CHECK OUT YOUR OPTIONS"



"KEEP TRYING! EACH ATTEMPT BRINGS YOU CLOSER TO BEING SMOKE-FREE FOR GOOD"

BREAK free THE GUIDE TO QUITTING SMOKING

Group clinics, self-help guides, nicotine substitutes, acupuncture, laser therapy, hypnosis ... Are you confused by the number of methods available to help people quit smoking? Are you discouraged because you have tried to quit before but haven't been able to make it?

Now there's good news! Over a million Canadians have kicked the habit for good. It's clear from their stories that many people need to try several times before they make it. In fact, previous attempts to quit actually increase your chances of success!

Accept the fact that breaking free is a process, not a one time event, for most people. Quitting for good involves several stages: thinking about it, looking for help, doing it, (doing it again if necessary), and finally staying smoke-free. Where are you in that process?

If you truly believe that quitting is important for you, you are already on the right road to breaking free. If you are thinking about quitting, or are trying to decide which method to choose to help you quit, here is a guide to help you. Since there is no one best method for everyone, we hope that these ideas will help you to choose the best method FOR YOU: the method which will help you become an ex-smoker for good.

Step 1. Find out what your options are. Make a list of methods and programs available in your area. Ask around for information. Ask your family doctor, your local health department or your nurse at work for suggestions.

Step 2. Check out your options. Use the checklist on the other side of this page to collect information. Talk with other smokers and ex-smokers about their experiences. Ask health professionals (such as your local Lung Assocation, Cancer Society, health department, your doctor) for their opinions about different programs. Find out how each method works and, if possible, go to an introductory session. Decide if the program suits your lifestyle, your budget and your personality.

Step 3. Keep trying! Even though you may feel discouraged when you don't quit for good, remember that there is no such thing as failure. Each time you try to quit, you increase your quitting skills and your understanding about the quitting process. You are another step closer to being smoke-free forever.

Use the checklist on the other side of this page to help you find the best method for you

Canada

A CHECKLIST FOR CHOOSING A METHOD TO HELP YOU QUIT SMOKING

After you have made your list of programs, check each one out against the ideas in this checklist. The more "yes" answers, the greater your chance of success.

Does the program or method ...

1. ... stress the importance of your commitment to quitting? Yes ☐ No ☐

Beware of programs which offer "quick fixes" or guarantees of success. The only guarantee that any method will help you stop smoking is your decision to make it work.

2. ... charge reasonable fees? Yes ☐ No ☐

The highest price does not always mean the best program. You don't always get what you pay for. Choose carefully.

3. ... try to increase your ability to avoid cigarettes? Yes ☐ No ☐

Preparing for life without smoking means learning how to deal with withdrawal, cravings, stress, weight control and relapse. Make sure that the program can help you deal with these or any other issues which are important to you.

4. ... have trained, qualified and sympathetic leaders or staff? Yes ☐ No ☐

Ask for a description of the qualifications of staff to make sure that the program is run by qualified people. Ask to talk with them to see if you like and trust them.

5. ... fit into your work and family schedule? Yes ☐ No ☐

The easier it is to attend, the more likely you are to join and follow through.

6. ... encourage support? Yes ☐ No ☐

Support from family, friends or group members, and counselling from a professional can all help to strengthen your commitment to breaking free.

7. ... have a good reputation? Yes ☐ No ☐

Programs should be run by an organization or individual with a good reputation. Look out for "fly by night" approaches that take your money and leave you with your addiction. Ask around for references. Talk to your doctor, your local health department, your local Lung Association or Cancer Society for their views about the program.

8. ... offer long term support and follow-up? Yes ☐ No ☐

Once you quit, you want to stay quit. Look for a program which offers support such as follow-up meetings or telephone counselling after the program ends.

"THERE IS NO MAGIC WAND"

"HERE ARE OTHER WAYS OF COPING WITH LIFE"

"SUPPORT FROM FAMILY AND FRIENDS HELPS"

MEETING TOMORROW
(maybe)
SUPPORT STAFF

"LONG TERM SUPPORT HELPS"

Role Play Instruction Sheet

1. Attached is a sheet describing the five (5) roles in this role play exercise about a situation in a chemically-dependent family: Father, Mother, two sons and a daughter.

2. The group leader will introduce the role play exercise noting that your group will role play what it may be like in a chemically-dependent family based on some role and situation outlines. Afterwards the behaviour and feelings of the family members will be discussed.

3. Spend a few minutes reading the instructions and familiarizing yourself with your role.

4. The group will act out the scenario (up to about 8-10 minutes maximum). After the main points are covered, the role play will be stopped and the class first, followed by the actors, will be asked to respond to the following discussion guidelines:

    a) For each role, ask for feedback on the behaviours observed during the role play; also identify what each role was likely feeling in relation to the behaviour exhibited.

    b) Identify some of the major impacts which chemical dependency had on this family.

Role Play
Family Dynamics of a Chemically-Dependent Family

Father

After a hard and frustrating day at work, you went out drinking and came home intoxicated. When you arrive home, your wife tells you that your oldest son's school principal called to say that he was suspended for three days because he was caught smoking in the school washroom. You call you son into the room and start yelling at him. You are not interested in any of his excuses. You tell him that everything he does is wrong or bad. If any of the family members interfere in the argument, you include them in the blame for your oldest son's problems and behaviour.

Mother

Your husband has come home from work and you can smell beer on his breath, and he appears to be drunk again. As soon as he walks in the door, you let him know that your oldest son was suspended from school today because he was caught smoking in the school washroom. Your husband starts yelling at your son. You have had a terrible day at work and are having a hard time coping with all this yelling. You try to intervene in the argument to calm your husband down by suggesting that you son won't do it again. You tell him that it's only one mistake, and after all, the suspension was only for smoking and it could be more serious, like drugs or something. You also start worrying about how all your other children are doing.

Oldest Son (15 years)

Your father starts yelling at you because of your suspension from school due to smoking in the washroom. After trying to calmly explain the situation to your father, you get fed up and start yelling back. You find fault with your father, and suggest that your problem is really pretty minimal because after all at least you don't drink all the time like your dad. You end up arguing more, blaming more, and eventually refusing to listen to anything your father has to say.

Middle Son

You walk into the room and hear your dad and brother yelling at each other again. You throw in a few shots at your father and older brother, suggesting they're both losers. They tell you to butt out of the argument, suggesting that you are a geek. After enough of this, you turn and stomp out of the room.

Daughter (8 years)

You see your dad and oldest brother fighting about the school suspension and are really frightened to see how mad they are at each other. You hate all this fighting in your family and plead with them to stop because it scares you half to death. They both yell at you for interfering. You dad says that if it wasn't for all you kids and the problems you cause, he wouldn't drink. You run crying and sobbing to your mother and cling on to her, looking frightened.

Community Resources
Chemically-Dependent Families

IMMEDIATE SOURCES

- **Trusted Adult**
  Examples are: school counsellor, principal, vice-principal or teacher, parent, grandparent, aunt, uncle.

- **School sources**
  A number of schools offer support groups for children coping with family and other problems. Assistance from staff of the Child Guidance Clinic can be obtained through the school.

COMMUNITY AGENCIES

- **Alcoholism Foundation of Manitoba**
  1031 Portage Avenue
  Winnipeg, Manitoba R3G 0R8
  Phone: 944-6200

  Assists individuals and groups with problems involving abuse/misuse of alcohol and other drugs. Offers a number of training, intervention, and rehabilitation programs.

- **Alcoholism Foundation of Manitoba — Youth Programs**
  100 Nassau Street N
  Winnipeg, Manitoba R3L 2H1
  Phone: 944-6235

  Specific youth oriented prevention, education, and non-residential rehabilitation programs.

  For schools interested in running support groups with children from chemcially-dependent or other dysfunctional homes, the "Time Out For Me" support group program package is available from Alcoholism Foundation of Manitoba Information on running these groups is also available.

- **Baldwin House**
  Phone: 783-7129

  A short-term residence for women, and women with children in a crisis situation and those who require treatment for chemical dependency. 24-hour staff, child care services and a secure environment are available.

- **Child an Family Services of Winnipeg**
  Central Winnipeg — Phone: 944-4200 or 944-4050 (after hours emergency)
  Winnipeg West — Phone: 944-4437 or 944-4475 (after hours emergency)
  Northwest — Phone: 944-4000 or 944-4050 (after hours emergency)
  Northeast — Phone: 944-4295 or 944-4295 (after hours emergency)
  Eastern Manitoba — Phone: 233-8931 or 233-8931 (after hours emergency)
  Winnipeg South — Phone: 944-4360 or 944-4050 (after hours emergency)
  Jewish — Phone: 338-0358 or 339-4262 (after hours emergency)
  Ma Mawi Wi Chi Itata — Phone: 774-6531

  Provides mandated child welfare services such as counselling and placement services for children, abuse counselling case work, services for single parents.

- **Health Sciences Centre**
  Chemical Withdrawal Unit
  75 Emily Street
  Winnipeg, Manitoba R3E 1Y9
  Phone: 737-3890

  Hospital based medical assistance for withdrawal from alcohol and other drugs.

- **Klinic Community Health Centre**
  870 Portage Avenue
  Winnipeg, Manitoba R3G 0P1
  Phone: 784-4084

  Provides counselling on abuse and other problems, medical services, and 24-hour crisis line.

- **Native Alcoholism Council of Manitoba**
  Pritchard House
  160 Salter Street
  Winnipeg, Manitoba R2W 4K1
  Phone: 586-8395

  Offers counselling and referral for persons affected by alcohol and drug abuse, with emphasis on Native cultural and spiritual components of recovery.

- **Osborne House Crisis Shelter**
  Phone: 942-3052 or 775-8197 (crisis line)

  Offers shelter for women in abusive situations.

- **Police (Winnipeg)**
  Phone: 986-6222 or 911 (emergency)

  Provides law enforcement assistance in crisis situations.

- **Rossbrook House**
  658 Ross Avenue
  Winnipeg, Manitoba R3A 0M1
  Phone: 783-7101

  Operates a drop-in centre for young neighbourhood people. Offers a variety of social and recreational programs, and informal counselling.

- **St. Norbert Foundation**
  LeMay House
  3514 Pembina Highway
  Winnipeg, Manitoba R3V 1L6
  Phone: 261-3224

  A 12-bed residential program for youth experiencing drug abuse.

- **Teen Touch**
  Bldg. 3 — 139 Tuxedo Avenue
  Winnipeg, Manitoba R2N 0H6
  Phone: 233-0914 (24-hour distress line)

  A 24-hour distress line for youth or persons concerned with youth. Open to anyone feeling mental or physical anguish. Collect calls accepted.

SELF-HELP GROUPS

- **Adult Children of Alcoholics**
  Manitoba Inter-Group
  Box 1563
  Winnipeg, Manitoba R3C 2Z4
  Phone: 694-5507 or 582-9715

  Self-help group which offers support to people who were raised in alcoholic or dysfunctional families.

- **Alcoholics Anonymous (AA)**
  Manitoba Central Office
  505 — 365 Hargrave Street
  Winnipeg, Manitoba R3B 2K3
  Phone: 942-0126

  A self-help group of alcoholics who help other alcoholics achieve sobriety.

- **Al-Anon Family Groups**
  Al-Anon/Alateen
  304 — 310 Donald Street
  Winnipeg, Manitoba R3B 2H4
  Phone: 943-6051

  Self-help groups for family members and friends of alcohol abusers (meeting locations around Winnipeg).

- **Families Anonymous**
  1750 Grosvenor Avenue
  (Wentworth United Church)
  Winnipeg, Manitoba R3N 0H9
  Phone: 668-5111 (info line)

  Self-help group for relatives or friends of people abusing alcohol and other drugs.

- **Narcotics Anonymous**
  c/o P.O. Box 25173
  Winnipeg, Manitoba R2V 4C8
  Phone: 981-1730 (hotline)

  Offers a number of self-help groups at locations throughout Winnipeg for addicted people who want to stop using street and prescription drugs.

- **Teen Children of Alcoholics**
  613 St. Mary's Road
  Winnipeg, Manitoba R2M 3L8
  Phone: 453-3627

  Support group for teenagers living in an alcoholic home.

UNIT 3

RESPONSIBLE SEXUAL BEHAVIOUR

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

1.0 Considering Abstinence

(Sections 1.0, 2.0, 4.0, and 5.0 of this unit, including Appendices for these sections are adapted from Social Program Evaluation Group, *Skills for Healthy Relationships: A Program about Sexuality, AIDS and Other STD* (Kingston, ON: Queen's University, 1992). Used with permission.

MAJOR OBJECTIVE: To understand reasons for sexual abstinence and be aware of personal decisions and actions which help in maintaining abstinence.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
1.1 recognize the importance of making conscious, informed decisions regarding sexual behaviour	Discuss why it is important to consider personal views regarding sexual behaviour at a "neutral" time, i.e., when external pressures are not immediate.	Emphasize that decisions regarding sexual activity need to be made at a time and in a setting when personal will power and clear judgment are not at risk of being compromised by emotional and external pressures, e.g., at a party, in a car, under the influence of alcohol/drugs.
1.2 recognize that setting limits to sexual activity is an important health and moral decision	Discuss practical and ethical considerations involved in making decisions regarding sexual behaviour.	Conscious decisions based on a clear understanding of personal needs, practical consequences and moral values can help students

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• set clear limits on sexual activity • plan assertive responses to unwanted sexual pressures • avoid risky situations and problems
1.3 understand the terms "abstinence" and "sexual intercourse"	Discuss the meaning of the terms "abstinence" and "sexual intercourse."	Together with the students, develop definitions of the terms "abstinence" and "sexual intercourse." Indicate that the majority of senior years students choose to remain abstinent; that is, they choose not to participate in sexual intercourse.
1.4 recognize factors to consider when deciding whether to delay or participate in sexual intercourse		Distribute copies of the scenario "Ashley and Jason Considering Abstinence" (see Appendix). Explain that the related activities will focus on • reasons for abstinence • guidelines that help people abstain from sexual intercourse

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Note also that sound decisions regarding sexual behaviour are made in a neutral setting and after considering all viewpoints.
	Read the case study "Ashley and Jason Considering Abstinence" provided by the teacher. Using the charts provided, brainstorm, in small groups, possible reasons why Ashley might agree to or abstain from sexual intercourse with Jason.	Have students read the case study on their own and ask for questions. Divide the class into small groups and have students use the charts included in the scenario to identify, record and evaluate possible reasons for Ashley to say "Yes" or "No" to Jason's expressed wish to have sex. Responses and evaluations will vary between groups.
	Evaluate the identified reasons for saying "yes" in terms of sexual responsibility and reducing the spread of HIV/AIDS. Evaluate each reason.	Ashley might say "yes" because she
	Decide which of the reasons approved by the group are likely to result in behaviours that will avoid possible problems, e.g., STD, pregnancy.	• wants to prove her love to Jason • feels pressured by Jason • fears being dropped by Jason • believes that "everybody's doing it" • is curious about sex and wants to know what it is like

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Ashley might say "no" because she • would be disregarding personal or family beliefs and values • feels pressured by Jason • is not ready to use birth control • believes pregnancy would be a disaster • is worried about AIDS and other STD • does not agree with using sex to try to improve a "shaky" relationship • does not feel ready • does not agree with having sex to be popular
		Explain that decisions and actions have an impact on their life plan. It is important for students to note that drinking alcohol interferes with a person's decision-making skills.
	In small groups, discuss whether Jason's reasons for saying "Yes" or "No" would be different from Ashley's. If so, what would be the difference(s)?	Have students discuss, in small groups, possible differences in Jason's reasons for saying "Yes" or "No" if Ashley had suggested having sex.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Emphasize that responsible and harmful decisions are likely to have similar long-term consequences for both Ashley and Jason. Each of their life plans will be affected positively or negatively, depending on their decisions.
	As a group, prepare questions that could help someone who has asked for help in deciding whether or not to have sexual intercourse.	Ask students to remain in groups. Have them prepare a series of questions to help someone who has requested help in determining what kinds of things to consider when deciding whether to abstain from or engage in sexual intercourse. **Possible Questions** • How well do you understand yourself? • Is the decision consistent with your family or religious values? • Are you emotionally mature? Could you handle a possible breakup after having had sexual intercourse with your partner?

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• Are you ready to accept responsibility to protect yourself and your partner? Would your partner protect him/herself from AIDS and other STD? • How close is the relationship? Could each partner discuss previous experience and health issues such as AIDS and other STD? Close with teacher-led discussion.
1.5 recognize common reasons for abstaining from sexual intercourse and consider the implications	Individually, use the checklist provided to select the five most likely reasons a young person would have for delaying sexual intercourse. Compare and discuss the selected reasons with a classmate.	Distribute copies of "Usual Reasons for Abstaining from Sexual Intercourse" (see Appendix) and ask students to read it on their own. Have students select five reasons young people usually have for choosing sexual abstinence. Reminding students that their responses will vary, have them compare their selections with those of a classmate.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.6 consider problems that might arise when partners disagree about abstaining from sexual intercourse	Complete the following questions • What problems could be created if a person wished to be abstinent or delay sexual intercourse and a partner did not?	Possible problems created in situations where only one partner wishes to be abstinent or delay intercourse • continued pressure from the partner who wants sex • the conflict might end the relationship • one person might make a decision for the wrong reasons and later regret it (perhaps because of lowered self-respect or because of pregnancy or STD)
1.7 state reasons for a return to abstinence after having participated in sexual intercourse	• Do you think a person who has already participated in sexual intercourse can return to abstinence? Why or why not?	A person who has already participated in sexual intercourse could return to abstinence because of the following • fears AIDS, other STD or pregnancy • is going out with a new person • rethinks personal standards

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		A person who has already participated in sexual intercourse could not return to abstinence because he/she • has already established a pattern which is difficult to reverse • has a partner who will not change and fears insisting will end the relationship • fears the possibility of date rape
1.8 consider circumstances in which it would be acceptable for a person to participate in sexual intercourse in the future	• Under what conditions would you consider it acceptable to participate in sexual intercourse in the future?	The following conditions must be met before sexual intercourse is considered: • family and religious values have been examined • consequences of being sexually active have been discussed in advance • protection from HIV and STD will be used • concern regarding pregnancy is removed • both partners are comfortable with the decision

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.9 recognize the importance of guidelines (decisions and actions) to help a person abstain from sexual intercourse	Read "Guidelines to Help a Person Remain Abstinent" and, if desired, make additions to the list. Rate the importance of the guidelines using the suggested rating scale.	Have students read, add to (if they wish), and rate the list of "Guidelines to Help a Person Remain Abstinent" (see Appendix).
1.10 apply particular guidelines to scenarios to indicate how they can help a person in a particular situation to abstain from sexual intercourse	Read "Action Scenarios" I and II in which Jill (I) and Garry (II) face decisions regarding sexual abstinence. Using the "Guidelines to Help a Person Remain Abstinent" select and write down three guidelines (actions/decisions) that would help Jill and Garry to remain abstinent. Review the guidelines selected for each of the scenarios and decide whether they are similar. Why or why not?	Have students read the two "Action Scenarios" (see Appendix) on their own, select three guidelines for each scenario from the "Guidelines to Help a Person Remain Abstinent," and write them in the spaces provided under the scenario descriptions.
	Discuss the guidelines selected for at least one scenario with one classmate of the same sex and one of the opposite sex (in co-ed class).	Have students move randomly about the classroom sharing their varying responses to the two scenarios. Students will be able to

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		compare and discuss their selected guidelines, for at least one scenario, with a peer of the same sex and with a peer of the opposite sex (in co-ed class).
1.11 recognize why guidelines for abstinence are helpful	In small groups, discuss why it is helpful to know and use guidelines for abstaining from sexual intercourse.	Assign students to small groups and have them discuss why it is helpful to know and to use guidelines for abstaining from sexual intercourse. Guidelines make it easier to follow through with a decision to delay sexual intercourse. Guidelines allow a person to respond, without hesitating, to most situations in which he/she might be pressured into having sexual intercourse. The positive consequences of successfully following guidelines for abstaining from sexual intercourse include the following • risks of HIV/AIDS, other STD or pregnancy are eliminated

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		- one's own standards of behaviour are more likely to be upheld, resulting in increased self-respect and self-confidence - communication between partners is more open and trust increased - possible date rape situations may be avoided - more time provided for two people to determine whether their feelings are based on love or merely physical attraction Lead the class toward a summary of information on abstinence and how it relates to making decisions, e.g, mention the importance of "knowing one's limits" and explain why it is important to use guidelines when making important decisions.
	Read the article "There Is No Safe Sex." Discuss the important points raised by the article.	Distribute the article (see Appendix) "There Is No Safe Sex." Have students discuss the key points raised by the article.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		For additional resources and activities on making sexual decisions, see **AIDS Education: High School** (1989), Manitoba Education and Training, pp. 7-15.

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

2.0 Affection Is In

MAJOR OBJECTIVE: To know ways of showing physical affection without sexual intercourse and understand their importance.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
2.1 understand the term "affection"	Develop a definition of "affection."	Have the class develop a definition of "affection." Ask for responses to the question "What is physical affection?" Emphasize that the expression of physical and non-physical affection is an important part of a satisfying relationship. Affection can be shown in non-physical ways by • giving a "special" smile • sending a note • telling someone about an experience

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		There are also many ways of showing physical affection without having sexual intercourse. Engaging in these activities also reduces the risk of STDs and unplanned pregnancy.
2.2 recognize ways of showing physical affection other than sexual intercourse	In a large group, brainstorm ways in which physical affection can be shown without having sexual intercourse. Share responses with the class and form a summary list of physical affection activities.	Have students brainstorm various ways of showing physical affection that do not involve sexual intercourse. Conduct a class discussion to form a summary list of physical affection activities other than sexual intercourse. These may include • a touch on the shoulder • holding hands • hugging • kissing

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.3 recognize ways of showing physical affection which are consistent with personal values	Discuss the activities listed previously.	Have students review the class-generated list of ways to show physical affection. On their own, select those activities with which they might personally feel comfortable. **NOTE:** To ensure student privacy, ask students to complete the above activities without writing down their responses. Assure them that the exercises are not intended for class discussion.
2.4 recognize the importance and possibility of communication with a partner about ways of showing physical affection	As a class, discuss whether it is important for a couple to talk about ways of showing physical affection in their relationship. Why or why not?	Lead the class in a discussion on the importance of talking about ways of showing physical affection in a relationship. Discussion is important because it • promotes communication that improves the relationship • reduces the risk of sexually transmissible infections • reduces the risk of pregnancy

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• promotes responsibility to self and others • reduces the risk of date rape • provides for the attainment of personal needs Discussion could result in • embarrassment • the end of a relationship
	In a small group, discuss whether it is possible for a person to explain his/her feelings about levels of physical affection to a partner. Why or why not?	Divide students into small groups to discuss whether it is possible for one partner in a relationship to explain to the other his/her feelings about levels of physical affection. Indicate that it is usually possible in a relationship in which each partner perceives the other as open, supportive, and trustworthy. It is usually impossible in a relationship where one partner perceives the other as unsupportive and untrustworthy. In addition, it is usually impossible if one partner feels threatened by the discussion.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Help students become aware of the difficulties a couple would have in trying to avoid sexual intercourse once they begin to increase physical affection.

321

320

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

3.0 Using Assertiveness Skills

MAJOR OBJECTIVE: To understand the importance of assertive communication regarding sexual behaviour.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
3.1 appreciate the importance of respecting personal needs and values in a relationship	Participate in a discussion on the partner's values and needs in a relationship.	An individual's personal, family, and community values and expectations have an impact on the way he/she experiences and responds to internal conflict and external pressures regarding sexual behaviour in a relationship.
3.2 recognize sources of external pressures affecting sexual behaviour	Identify sources of external pressure.	Have students identify sources of external pressure. For example • partner • friends • peers • older role model • relative • media

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Suggest examples of external pressure.	Have students give examples of external pressures affecting a relationship, particularly decisions regarding sexual behaviour. Emphasize that when conflict/pressure situations arise in a relationship, it is important for each partner to • have strong decision-making skills in order to make mature, informed decisions • be assertive in communicating personal needs and values Briefly review the steps in the decision-making process. See Appendix for the model used in the Health Education curriculum. • Define the problem or decision to be made – Research topic if necessary – Discuss commonly accepted values • Identify alternative course of action – Brainstorm alternatives

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• Consider the positive and negative consequences and possible outcomes of each alternative — Consider commonly accepted values, attitudes and knowledge • Choose a course of action from the alternatives • Act upon the decision • Evaluate the outcome See Appendix for commonly accepted values. Briefly discuss these values.
3.3 distinguish between passive, assertive and aggressive behaviour	Participate in identifying the characteristics of passive, assertive and aggressive behaviour.	With student participation, briefly review the characteristics of three types of behaviour • passive • assertive • aggressive You may wish to use the examples provided in the Appendix for review purposes.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		NOTE: Students will have had opportunities to explore the three styles of behaviour in previous grades. See, for example, the "Social-Emotional Well-Being" unit in **Health Education: Grade 8** (Winnipeg: MB: Manitoba Education and Training, 1988), pp. 3-17.
3.4 enhance their understanding of the importance of assertive communication in a relationship	Participate in further exploration of the nature of assertive communication.	Focus on enhancing the students' understanding of the nature of assertive behaviour. Assertive behaviour includes • communicating one's needs, values and ideas without depriving or violating others • asserting one's beliefs • exercising one's rights • trusting and valuing one's feelings • communicating/acknowledging feelings honestly • taking control of one's decisions • recognizing the attempts of others to control

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• stating/acknowledging disagreement • giving/receiving compliments • giving "I" messages in expressing feelings • saying "no" • asking for clarification, explanation and response • speaking up • using non-verbal communication to reinforce messages • seeking help • resisting external pressures, such as attempts at persuasion by peers and the media Help students understand that assertive communication is frequently the best approach to resolving conflict regarding sexual behaviour.
3.5 recognize assertive responses to resisting pressures regarding sexual behaviour	Suggest ways in which assertiveness can be used in response to sexual pressures in a relationship.	Have students suggest ways in which assertiveness can be used to resist/prevent sexual exploitation.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
3.6 strengthen skills in resisting pressure and resolving conflict	In pairs, develop brief scenarios demonstrating assertive behaviour to resist pressures or resolve conflicts regarding sexual behaviour.	Have students, in pairs, develop brief scenarios demonstrating assertiveness in resisting pressures or resolving conflicts regarding sexual behaviour. Ask for volunteers to role play the scenarios. Have students discuss the effectiveness of the approaches taken. Close with a teacher-led discussion on how assertive behaviour is important in maintaining and protecting one's health and well-being.

332

333

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

4.0 AIDS/STD Knowledge Test

MAJOR OBJECTIVE: To examine knowledge about HIV/AIDS and other STDs needed to make healthy relationship decisions to avoid sexually transmissible diseases.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
4.1 demonstrate and assess their current knowledge about HIV/AIDS and other STD		Review the following terms: • HIV — Human Immunodeficiency Virus • AIDS — Acquired Immune Deficiency Syndrome • STD — Sexually Transmitted Disease(s)
	Complete the "AIDS/STD Knowledge Test," answering True or False to each question.	Provide students with a copy of the "AIDS/STD Knowledge Test" (See Appendix for test and answers). Emphasize that the objective of this test is to help students evaluate the accuracy of their present knowledge about HIV/AIDS and other STD. The

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		test includes questions on the History of AIDS, Incidence, Transmission, Prevention, Symptoms, Testing, and HIV/AIDS Help Sources. Have each student complete the "AIDS/STD Knowledge Test."
	Compare responses with the answers/information provided by the teacher.	Provide students with the correct answer to each question and give an explanation of each answer.
	Tabulate the score obtained for each subsection, and determine overall score.	Have students tally the number of correct answers for each subsection and determine their overall "AIDS/STD Knowledge Test" score. You may wish to focus on topics where students demonstrated a lack of knowledge, for example, a blood test for AIDS.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
4.2 increase their knowledge of sexually transmissible diseases, including HIV/AIDS	Discuss topic-related questions and concerns.	Discuss any questions/issues/ concerns raised by students and provide additional information on HIV/AIDS and other STD. See Appendix for potential overheads.

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

5.0 Condom Awareness (Optional)

The section on Condom Awareness is provided as an optional unit for school consideration. In order to teach this content, a health professional, e.g., a public health nurse should be invited to speak to students about the importance of proper condom use in preventing HIV and STD infection.

Before teaching this section of the curriculum, it is necessary to inform parents about the nature of this content and who will present the information to the students. A provision for parents to opt out students from this part of the curriculum must be available. Schools may opt to

- hold a parent evening to explain the content delivery
- send a letter to each home

Parental wishes must be respected.

MAJOR OBJECTIVE: To assess and increase awareness of safer sex guidelines and behaviours.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Explain that those who do not abstain from sexual intercourse need to practice "safer sex"; that is, they need to take effective precautions to reduce the risk of either partner contracting HIV/AIDS or other STD. Emphasize that proper condom use is the primary

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		means of preventing HIV and STD infection, in addition to providing some protection against unplanned pregnancy. For maximum effectiveness, latex condoms must be used correctly and each time a couple engages in sexual intercourse. Condoms do not provide 100% protection. Therefore, the term "safe sex" should not be used. Instead, "safer sex" is more accurate.
Students should be able to 5.1 assess their current knowledge about condoms	Respond to each statement in "A Test About Condoms."	Have each student assess the accuracy of his/her present knowledge by completing "A Test About Condoms" (See Appendix). The questions will help students to • consider the advantages and disadvantages of using condoms • identify various characteristics to look for in condoms

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• know precautions to take in the selection, storage, and use of condoms
	Compare responses with the correct answers provided by the teacher.	Provide students with the correct answers to the test questions and give a brief explanation of each answer.
5.2 consider general attitudes about condoms	Consider general attitudes about condoms by writing responses to "Unfinished Sentences about Condoms."	Have students complete the "Unfinished Sentences about Condoms" (see Appendix).
	Place the completed sentences in the question box provided.	Collect student responses in a question box. Withdraw responses from the box and read them out to the class, followed by discussion.
	In a small group, discuss why some young people risk their health,even their lives, by deciding to have sexual intercourse and refusing to use a condom.	Divide the class into small groups and have students discuss • Why some young people risk their health/lives by deciding to have sexual intercourse and refusing to use condoms. For example, they may believe

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		— they are invulnerable — that "it won't happen to me" — they are immortal — that no one in their community, especially their partner, could possibly have HIV/AIDS/STD — that sex won't feel the same with a condom
5.3 know ways/places to obtain a condom	Discuss in small groups how a person can obtain a condom.	Have students discuss • ways of obtaining a condom other than going to a store — vending machines — doctors' clinics — health clinics • where condoms are distributed free-of-charge — clinics

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	A member of each group will report responses for class discussion.	• where someone obtains a condom after regular store hours – vending machines – a friend Close with teacher-led class discussion.
5.4 understand how to use a condom	Observe a demonstration on condom use presented by a public health nurse.	Invite a public health nurse to class to demonstrate condom application and use. Encourage students to raise questions and concerns. Have the public health nurse provide updated information and statistics on HIV/AIDS and STD.

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

6.0 **AIDS/STD and Social Issues**

MAJOR OBJECTIVE: To appreciate the health and moral implications of sexual activity for self and others.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
6.1 increase awareness of social issues related to AIDS	Participate in a discussion regarding the legal and ethical implications of AIDS for society.	Discuss the social issues related to HIV infection, addressing the potential conflict of legal and ethical considerations. Discuss the legal and moral responsibility of • persons with HIV infection • health professionals with respect to patient confidentiality and respect for privacy Refer to the section on "AIDS and Social Issues" in **AIDS Education: High School** (Winnipeg, MB: Manitoba Education and Training, 1989), pp. 17-23, for • suggested topics/questions for discussion on this issue

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• three case studies – Confidentiality and Respect for Privacy – Reporting of Persons with HIV – HIV and the Workplace
	Discuss the social issues involved in three given case studies involving persons who have become infected with HIV.	Present the three case studies to the class and select issues/questions from each case study to be addressed by students in a class or small-group discussion.
6.2 recognize the types of STDs and the consequences of risky sexual behaviour	View a film on STDs. Discuss the consequences resulting from risky sexual behaviour.	Have students view a film on STDs, e.g., "A Million Teenagers." Lead a class discussion on the types of STDs and the serious consequences of acquiring an STD.
6.3 demonstrate current knowledge about sexually transmitted diseases in responding to a given case study or preparing a report on an STD	Participate in an assignment on sexually transmitted diseases (either a case study or a report).	**NOTE**: Read the case study to determine its suitability for the students you teach. Choose the case study or alternatively the report activity.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Instruct students that they will be given an opportunity to apply and assess their current knowledge about the nature, complications, prevention, and treatment of common STDs by discussing and answering questions on a given case study.
	Working in a group comprising an appointed reader, recorder and reporter, apply current knowledge about STDs in responding to the questions, issues and assignments presented in "A Case Study about Sexually Transmitted Diseases."	Provide each student with a copy of "A Case Study about Sexually Transmitted Diseases" (see Appendix). Divide the class into groups of three students, asking each group to appoint a • **reader** who reads the passages in the case study aloud and clarifies the task and the questions • **recorder** who makes notes on the group discussion and records answers to the questions • **reporter** who keeps the group on task and reports to the class. Have groups report back to the class.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
6.4 expand their knowledge about STDs	Present group reports. Provide reasons for the answers selected. OR Present the STD report to the class.	Lead a discussion on the group responses to the case study and provide additional information where needed. (See Answer Key in Appendix.) For additional background information and activity suggestions on STDs, see the following documents produced by Manitoba Education and Training • "Sexuality Transmitted Diseases" in **AIDS Education: High School** (1989), pp. 5-6 • Lesson 3.8 in **Family Life Education: Grade 9** (1990), pp. 140-146 • "Community Health" in **Health Education: Grade 9** (1988), p. 75 ff

UNIT 3: RESPONSIBLE SEXUAL BEHAVIOUR

7.0 Unplanned Pregnancy

MAJOR OBJECTIVE: To appreciate the responsibilities involved in preventing unplanned pregnancy.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 7.1 consider the risks and consequences of unplanned pregnancy	Participate in a discussion on sexual responsibility.	Unprotected sexual activity not only places people at risk of acquiring STDs, but may also have the natural outcome of pregnancy. Both STDs and unplanned pregnancies have serious consequences for the well-being of those involved. Emphasize that males and females who are sexually active must accept mutual responsibility to • reduce the health risks of sexual activity • use consistently effective contraception

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		For background information on "Contraception Methods Relevant to Young People" and "Teenage Pregnancy Trends and Consequences," see Lesson 3.6 in **Family Life Education: Grade 9** (Winnipeg, MB: Manitoba Education and Training, 1990), pp. 122-130.
	Assuming the task of a reader, recorder or reporter, participate in a small group discussion of "Case Study: Teenage Pregnancy."	Divide the class into groups of three and have each group appoint a reader, a recorder, and a reporter.
	Read each section of the case study and discuss and record answers to the related questions before moving to the next section. Report responses back to the class and participate in the class discussion.	Supply each group with copies of "Case Study: Teenage Pregnancy," (see Appendix) with instructions to read and respond to the questions in each section of the case study before proceeding to the next section. Responses are to be recorded and shared with the class upon completion of the questions.
		Have students discuss the issues raised in the case study and invite further questions.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
7.2 appreciate that decisions about one's sexual life have important health and moral implications for self and others	Participate in a class discussion on the personal and social implications of decisions regarding sexual behaviour.	Close with a teacher-led discussion on the responsibilities, risks and consequences accompanying sexual activity. Reiterate that decisions about one's sexual life have important health and moral implications for self and others. For a further discussion on determining standards of sexual activity, see "Making Sexual Decisions: Process and Standards" in **AIDS Education: High School** (1990), pp. 7-9.

APPENDIX – UNIT 3

RESPONSIBLE SEXUAL BEHAVIOUR

Considering Abstinence*

Decisions about sex are often made in a hurry — at a party or in a car, under the influence of alcohol. Decisions about sex should be well thought out and discussed by a couple when both are able to think clearly. An informed decision made when each person is calm and not feeling pressured is more likely to result in behaviours that will avoid a possible problem, such as a STD or pregnancy.

Delaying sexual intercourse is not always easy. In this activity you will

- list and evaluate reasons a young person might give for saying "Yes" or "No" to sexual intercourse.
- consider why a young person, in your opinion, is likely to delay sexual intercourse.
- select guidelines that would help a person who has decided to delay sexual intercourse.

1. On your own, read *Ashley and Jason Considering Abstinence.*
2. In a small group, brainstorm possible reasons Ashley might say "Yes" to having sex with Jason and possible reasons Ashley might say "No" to having sex with Jason.
3. In a small group, evaluate each reason in terms of sexual responsibility and reducing the spread of HIV/AIDS.

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* Abstinence means not participating in sexual intercourse, that is, being "abstinent" or "abstaining" from sex.

Ashley and Jason Considering Abstinence

Ashley and Jason have been going together for several months. They are very attracted to each other. Ashley believes this is the first boyfriend she has really fallen "in love" with. Jason is one year older than Ashley and has had "experience" with other girlfriends. Last year he went with an older girl who had the reputation of "sleeping around." Ashley thinks that lately it seems that everyone is talking about having sex. It is Friday night, and Ashley is over at Jason's home while his parents are out. They have gone pretty far, and Ashley has told Jason to stop. Jason tells Ashley he loves her and he wants to have sex with her.

POSSIBLE REASONS FOR ASHLEY TO SAY "YES"

After brainstorming the possible reasons for Ashley to say "Yes," write each reason on the chart.

Possible Reasons for Ashley to Say "Yes"

1.	
2.	
3.	
4.	
5.	

In the small group, consider each reason for saying "yes" in terms of sexual responsibility and reducing the spread of HIV/AIDS. Evaluate each reason on the following scale.

0 = terrible
1 = poor
2 = fair
3 = good

Discuss your findings as a group.

POSSIBLE REASONS FOR ASHLEY TO SAY "NO"

After brainstorming the possible reasons for Ashley to say "No," write each reason on the chart.

Possible Reasons for Ashley to Say "No"

1.	
2.	
3.	
4.	
5.	

In the small group, consider each reason for saying "no" in terms of sexual responsibility and reducing the spread of HIV/AIDS. Evaluate each reason on the following scale.

0 = terrible
1 = poor
2 = fair
3 = good

Discuss your findings as a group.

Usual Reasons for Abstaining from Sexual Intercourse

Place a checkmark (✓) in the box beside **five** reasons you think young people usually have for abstaining from sexual intercourse.

1. ☐ *Family expectations*
   A person's family expects him/her to abstain from sexual intercourse.

2. ☐ *Religious values*
   Abstinence may be among a person's religious values.

3. ☐ *Fear of pregnancy*
   Abstinence is the only method of birth control that is 100 percent safe and effective.

4. ☐ *Fear of STD*
   Abstinence effectively eliminates the risk of sexually transmitted diseases.

5. ☐ *Friendship*
   Abstinence allows a couple time to develop a friendship based on experiences other than sexual intercourse.

6. ☐ *Not ready*
   Abstinence is the appropriate choice for individuals who are not ready to have sexual intercourse.

7. ☐ *Other forms of affection*
   Abstinence allows a couple to show affection in a variety of ways that do not include sexual intercourse.

8. ☐ *Not with the right person*
   Abstinence is the appropriate choice for individuals who are not sure they have met the right person.

9. ☐ *Wait until marriage*
   Delaying sexual intercourse until marriage is one way of avoiding pregnancy before marriage and of being HIV- and STD-free at the time of marriage.

10. ☐ *Fear of cancer*
    Abstinence reduces the risk of cancer of the cervix.

1. What problems could be created if a person wished to be abstinent or delay sexual intercourse and his/her partner did not.
2. Do you think a person who has already participated in sexual intercourse can return to abstinence? Why or why not?
3. Under what conditions would you consider it acceptable for a person to participate in sexual intercourse in the future?

1. Read *Guidelines to Help a Person Remain Abstinent* to yourself. If you think of other guidelines, add them to the list. On your own, rate the importance, in your opinion, of each guideline using the scale provided.

Guidelines to Help a Person Remain Abstinent

0 = Not at all important
1 = Somewhat important
2 = Important
3 = Very important

Write the rating number in the box to the left of each guideline.

Rating

☐ a) Go to parties and other events with friends.

☐ b) Decide own sexual limits before being in a sexual pressure situation.

☐ c) Decide own alcohol/drug limits before being in a sexual pressure situation.

☐ d) Avoid being alone with the other person if you feel uncomfortable for any reason.

☐ e) Only say "no" when you mean it; do not say "no" to tease the other person.

☐ f) Pay attention to feelings; when a situation becomes uncomfortable, change the situation.

☐ g) Get involved in activities (e.g., sports, clubs, hobbies).

☐ h) Avoid "hanging out" with young people who brag/boast about their sexual activities.

☐ i) Attend only supervised parties.

☐ j) Be honest, from the beginning, by saying you do not want to have sex.

Other

☐ k) ____________________

☐ l) ____________________

☐ m) ____________________

Action Scenarios

1. Jill and Bill have been seeing each other for some time now. Jill feels very attracted to Bill, and lately they both have found it difficult to control their sexual feelings for each other. Jill has promised herself not to have sex until she is older, and, so far, Bill has respected her requests to stop activities that she feels may lead them closer to having sex. However, Jill has been thinking about how much she likes Bill.

   One of their classmates has announced that his parents are out-of-town for the weekend and he is having a party on Friday night. Everyone is making plans. Bill told Jill he will bring along some beer and a few of Jill's friends have been thinking this has possibilities of becoming an "all-nighter." Jill thinks about her promise to herself, but also thinks it would be a great opportunity to have fun with friends and spend some time alone with Bill.

   Guidelines for Jill:

i.
ii.
iii.

2. Gary and Paula are both very serious about their relationship and likely to have sex soon. Paula has invited Gary over to her house for the afternoon. He knows that her parents will not get home from work until the evening, and that this could be their first time having sex. Lately, however, Gary has been learning things about HIV/AIDS and other STDs. Now he is not sure he wants to have sex. Nevertheless, he feels Paula is ready for sex and she will probably be angry and hurt if he backs down now.

i.
ii.
iii.

1. On your own, decide whether the guidelines you selected for each of the *Action Scenarios* are similar. Why or why not?

2. Following the teacher's instructions, discuss your guidelines for at least one of the *Action Scenarios* with

   a) a peer of the same sex.
   b) a peer of the opposite sex (if you are in a co-ed class).

3. In a small group, discuss why it is helpful to know and use guidelines for abstaining from sexual intercourse.

MY TURN

'There Is No Safe Sex'

BY ROBERT C. NOBLE

The other night on the evening news, there was a piece about condoms. Someone wanted to provide free condoms to high-school students. A perky, fresh-faced teenage girl interviewed said everyone her age was having sex, so what was the big deal about giving out condoms? Her principal replied that giving out condoms set a bad example. Then two experts commented. One was a lady who sat very straight in her chair, white hair in a tight perm, and, in a prudish voice, declared that condoms didn't work very well; teenagers shouldn't be having sex anyway. The other expert, a young, attractive woman, said that since teenagers were sexually active, they shouldn't be denied the protection that condoms afforded. I found myself agreeing with the prude.

Condoms don't hack it. Passing them out to teenagers is futile.

What do I know about all this? I'm an infectious-diseases physician and an AIDS doctor to the poor. Passing out condoms to teenagers is like issuing them squirt guns for a four-alarm blaze. Condoms just don't hack it. We should stop kidding ourselves.

I'm taking care of a 21-year-old boy with AIDS. He could have been the model for Donatello's David, androgynous, deep blue eyes, long blond hair, as sweet and gentle as he can be. His mom's in shock. He called her the other day and gave her two messages. I'm gay. I've got AIDS. His lover looks like a fellow you'd see in Sunday school; he works in a bank. He's had sex with only one person, my patient (*his* second partner), and they've been together for more than a year. These fellows aren't dummies. They read newspapers. You think condoms would have saved them?

Smart people don't wear condoms. I read a study about the sexual habits of college women. In 1975, 12 percent of college women used condoms when they had sexual intercourse. In 1989, the percentage had risen to only 41 percent. Why don't college women and their partners use condoms? They know about herpes. They know about genital warts and cervical cancer. All the public-health messages of the past 15 years have been sent, and only 41 percent of the college women use condoms. Maybe your brain has to be working to use one. In the heat of passion, the brain shuts down. You have to use a condom every time. *Every time.* That's hard to do.

I can't say I'm comforted reading a government pamphlet called "Condoms and Sexually Transmitted Diseases Especially AIDS." "Condoms are not 100 percent safe," it says, "but if used properly will reduce the risk of sexually transmitted diseases, including AIDS." *Reduce* the risk of a disease that is 100 percent fatal! That's all that's available between us and death? How much do condoms reduce the risk? They don't say. So much for Safe Sex. Safe Sex was a dumb idea anyway. I've noticed that the catchword now is "Safer Sex." So much for truth in advertising. Other nuggets of advice: "If you know your partner is infected, the best rule is to avoid intercourse (including oral sex). If you do decide to have sex with an infected partner, you should *always* be sure a condom is used from start to finish, every time." Seems reasonable, but is it really helpful? Most folks don't know when their partner is infected. It's not as if their nose is purple. Lots of men and women with herpes and wart-virus infections are having sex right now lying their heads off to their sexual partners—that is, to those who ask. At our place we are taking care of a guy with AIDS who is back visiting the bars and having sex. "Well, did your partner use a condom?" I ask. "Did you tell him that you're infected with the virus?" "Oh, no, Dr. Noble," he replies, "it would have broken the mood." You bet it would have broken the mood. It's not only the mood that gets broken. "Condoms may be more likely to break during anal intercourse than during other types of sex . . ." Condoms also break in heterosexual sex; one study shows a 4 percent breakage rate. "Government testing can *not* guarantee that condoms will always prevent the spread of sexually transmitted diseases." That's what the pamphlet says. Condoms are all we've got.

Nobody these days lobbies for abstinence, virginity or single lifetime sexual partners. That would be boring. *Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies.* That's from another recently published government report.

Media messages: What am I going to tell my daughters? I'm going to tell them that condoms give a false sense of security and that having sex is dangerous. *Reducing* the risk is not the same as *eliminating* the risk. My message will fly in the face of all other media messages they receive. In the movie "The Tall Guy," a nurse goes to bed with the "Guy" character on their first date, boasting that she likes to get the sex thing out of the way at the beginning of the relationship. His roommate is a nymphomaniac who is always in bed with one or more men. This was supposed to be cute. "Pretty Woman" says you can find happiness with a prostitute. Who are the people that write this stuff? Have the '80s passed and everyone forgotten sexually transmitted diseases? Syphilis is on the rise. Gonorrhea is harder to treat and increasing among black teenagers and adults. Ectopic pregnancies and infertility from sexually transmitted diseases are mounting every year. Giving condoms to high-school kids isn't going to reverse all this.

That prim little old lady on TV had it right. Unmarried people shouldn't be having sex. Few people have the courage to say this publicly. In the context of our culture, they sound like cranks. Doctors can't fix most of the things you can catch out there. There's no cure for AIDS. There's no cure for herpes or genital warts. Gonorrhea and chlamydial infection can ruin your chances of ever getting pregnant and can harm your baby if you do. That afternoon in the motel may leave you with an infection that you'll have to explain to your spouse. Your doctor can't cover up for you. Your spouse's lawyer may sue him if he tries. There is no safe sex. Condoms aren't going to make a dent in the sexual epidemics that we are facing. If the condom breaks, you may die.

Noble is a professor of medicine at the University of Kentucky College of Medicine, Lexington, Ky.

SOURCE: Used with permission from Dr. Robert C. Noble, Professor of Medicine, University of Kentucky, College of Medicine, Lexington, KY.

Decision Making Model

1. Define the problem or decision to be made
    - Research the topic if necessary
    - Discuss commonly accepted values
2. Identify alternative courses of action
    - Brainstorm alternatives
3. Consider the positive and negative consequences and possible outcomes of each alternative
    - Consider health knowledge, commonly accepted values and community attitudes
4. Choose a course of action from the alternatives in harmony with commonly accepted values
5. Act upon the decision
6. Evaluate the outcome

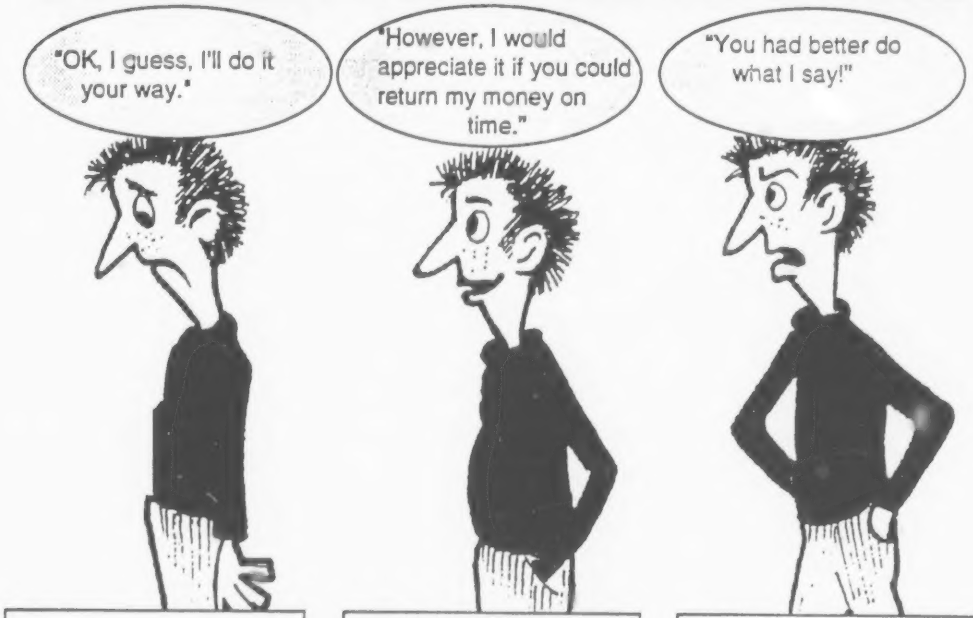
Commonly Accepted Values

There are "right" and "wrong" values depending on an individual's and a society's religious beliefs, personal beliefs, and cultural mores. The commonly accepted values listed below are widely held in Manitoba.

1. **Dignity** — showing respect for elders, parents, children, and self.
2. **Honesty** — being truthful with others and self.
3. **Equality** — having the same rights, regardless of religion, race, or sex.
4. **Responsibility** — carrying out one's obligations or duties; answering for one's own actions.
5. **Justice** — being fair to all people and not exploiting others.
6. **Empathy** — showing care and understanding for others and their cultures.
7. **Consideration** — demonstrating love and generosity towards others.
8. **Commitment** — showing loyalty to family, country, ideals, and beliefs.
9. **Self-control** — being able to examine and manage one's activities.

GO

BEHAVIOUR CHARACTERISTICS


"OK, I guess, I'll do it your way."
"However, I would appreciate it if you could return my money on time."
"You had better do what I say!"

Passive	Assertive	Aggressive
Be passive about your own rights	Stand up for your own rights without putting down the rights of others	Stand up for own rights with no thought to the other person
Put others first at your expense	Respect yourself as well as the other person	Put yourself first at the expense of others
Give in to what others want	Listen and talk	Overpower others
Remain silent when something bothers you	Express positive and negative feelings	Get your own goals, but at the expense of others
Apologize a lot	Be confident, but not "pushy"	

Source: **Skills for Healthy Relationships**. Queen's University.

STEPS TO DELIVER AN ASSERTIVE MESSAGE

Steps	Description	Words you might say
1. EXPLAIN YOUR FEELINGS AND THE PROBLEM	State how you feel about the behaviour/problem. Describe the behaviour/problem that violates your rights or disturbs you.	• I feel frustrated when ..... • I feel unhappy when ..... • I feel .... when ..... ☞ • It hurts me when ..... • I don't like it when .....
2. MAKE YOUR REQUEST	State clearly what you would like to have happen.	• I would like it better if..... • I would like you to ..... • Could you please ..... ☞ • Please don't ..... • I wish you would .....
3. ASK HOW THE OTHER PERSON FEELS ABOUT YOUR REQUEST	Invite the other person to express his/her feelings or thoughts about your request.	• How do you feel about that ? • Is that OK with you? ☞ • What do you think? • What are your thoughts on that? • Is that all right with you?
Answer	**The other person indicates his/her feelings or thoughts about the request.**	**The other person responds** ☛

If agreement is reached ...

4. ACCEPT WITH THANKS	If the other person agrees with your request, saying "thanks" is a good way to end.	• "Thanks" ☞ • "Great, I appreciate that" • "I'm happy that's OK with you" • "Great"

Source: **Skills for Healthy Relationships**. Queen's University.

AIDS/STD KNOWLEDGE TEST

	TRUE	FALSE
HISTORY OF AIDS		
1. HIV is caused by AIDS.	____	____
2. AIDS damages the body's immune system.	____	____
3. People with AIDS suffer from fatal infections and cancers.	____	____
4. There is a cure for AIDS.	____	____
5. Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until their mid-twenties.	____	____
INCIDENCE		
6. The number of AIDS cases in Canada is decreasing.	____	____
7. There are many more Canadians with HIV infection than with AIDS.	____	____
8. The incidence of AIDS among women is increasing in Canada.	____	____
TRANSMISSION		
9. The most common way that HIV is transmitted is through vaginal intercourse.	____	____
10. Sharing needles for injecting drugs can pass infected blood from one person to another.	____	____
11. HIV can be spread by casual contact such as hugging, kissing, or holding hands.	____	____
12. In Canada, it is very unlikely that someone will become infected with HIV by having a blood transfusion.	____	____

13. You can get HIV from giving blood in Canada. ____ ____

14. A mother with HIV can pass it to her unborn child during pregnancy. ____ ____

15. HIV can be transmitted through insect and animal bites. ____ ____

16. A person can pass on an STD even though no symptoms are present. ____ ____

PREVENTION

17. If you decide to have sexual intercourse, latex condom use is the most effective way to avoid HIV. ____ ____

18. The more partners a person has, the greater the greater the chances that a partner will be infected with HIV. ____ ____

19. Methods for avoiding HIV usually do not help to avoid other STD. ____ ____

20. Latex condoms, when properly used, give you 100 percent protection against HIV infection. ____ ____

21. Sharing needles for ear-piercing or tattooing is safe. ____ ____

22. A person can do more to prevent themselves from getting an STD than the health department or doctors can. ____ ____

SYMPTOMS

23. When one is first infected with HIV, there may be no obvious symptoms. ____ ____

24. Everyone infected with HIV — whether they have symptoms or not — can transmit the infection to others. ____ ____

25. The "period" between HIV infection and development of symptoms is a few months. ____ ____

26. A person can have HIV for years without developing AIDS. ____ ____

27. Many people who have STD will not have signs of illness and can still pass on the disease-causing organism. ____ ____

28. Men and women are equally likely to have serious problems if they catch an STD. ____ ____

29. You can tell if a person has an STD by his or her looks. ____ ____

30. If a person has an STD he or she cannot catch it again. ____ ____

TESTING

31. A positive HIV test result means that a person has AIDS. ____ ____

32. It can take over 4 weeks for antibodies to appear in the blood to turn the test result positive. ____ ____

33. Persons who have negative test results need not worry about every contracting HIV. ____ ____

34. A negative HIV test result means there are no antibodies to HIV in the blood. ____ ____

35. An HIV-infected person can receive a negative test result if tested immediately after exposure to HIV. ____ ____

36. Persons under the age of 18 must get the permission of their parents to get tested for an STD. ____ ____

37. Persons having sex with different partners should have regular STD check-ups even if they do not have STD symptoms. ____ ____

HIV/AIDS HELP SOURCES

38. Your local Health Department will provide confidential counselling and testing. ____ ____

39. Only people who have engaged in high-risk behaviour need to get the HIV antibody test. ____ ____

40. Persons who have positive test results should seek professional help. ____ ____

41. If a friend of yours develops HIV, you should avoid any contact with him or her as he or she will want to be alone. ____ ____

42. The HIV antibody test is available only to persons who have engaged in high-risk behaviour. ____ ____

43. If in doubt about AIDS-related facts, you should ask friends to get accurate information. ____ ____

44. If you want to know more about HIV/AIDS, you should call your local Health Department. ____ ____

45. A person who suspects an STD should stop having sex and go to a doctor quickly for an STD check-up. ____ ____

AIDS/STD Knowledge Test Answers

History of AIDS

1. ***HIV is caused by AIDS.***
   False

   AIDS is caused by HIV, the human immunodeficiency virus. HIV can attack and, over time, destroy the body's immune system.

2. ***AIDS damages the body's immune system.***
   False

   HIV damages the body's immune system. A person has AIDS when HIV has done enough damage to the immune system to allow infections and diseases to develop.

3. ***People living with AIDS suffer from fatal infections and cancers.***
   True

   People living with AIDS develop infections and cancers due to damage to their immune system caused by AIDS.

4. ***There is a cure for AIDS.***
   False

   At the present time, there is no cure for AIDS. Researchers are currently looking for a cure for AIDS as well as a vaccine for HIV. However, neither a cure nor a vaccine is expected for many years, if ever.

5. ***Teenagers infected with HIV when they are 14 may not show any AIDS symptoms until their mid-twenties.***
   True

   The time from when a person acquires HIV and develops the infections and diseases that characterize AIDS is a median of 11 years. Therefore, someone who acquires HIV when a teenager may not develop the infections and diseases indicative of AIDS until they are in their mid-twenties.

Incidence

6. ***The number of AIDS cases in Canada is decreasing.***
   False

   From 1979 to 1989 the number of new cases of AIDS reported in Canada increased each year. In 1990, the reported number of new AIDS cases in Canada decreased. Complete data for 1992 are not yet available.

7. ***There are many more Canadians with HIV infection than with AIDS.***
   True

   Researchers estimate that as of January, 1993, there are more than 50,000 Canadians infected with HIV. The total number of people reported to have gone on to develop AIDS in Canada is over 7000.

8. ***The incidence of AIDS among women is increasing in Canada.***
   True

   The incidence (number of new cases) of AIDS among women increased in Canada from 1983 to 1989. In 1990, the incidence of AIDS among women in Canada decreased. Complete data for 1992 are not yet available.

Transmission

9. ***Worldwide, the most common way that HIV is transmitted is through vaginal intercourse.***
   True

   Worldwide, HIV is transmitted by vaginal intercourse in approximately two-thirds of the cases.

10. ***Sharing needles for injecting drugs can pass infected blood from one person to another.***
    True

    HIV-contaminated needles or syringes that are used for injecting drugs can transmit HIV directly into the bloodstream by passing infected blood from one person to another. HIV can also be transmitted by sharing or using contaminated needles for ear piercing, tattooing, or ceremonial blood bonding and by sharing or using other contaminated instruments such as razors.

11. ***HIV can be spread by casual contact such as hugging, kissing, or holding hands.***
False

HIV **cannot** be transmitted by casual contact. HIV is **not** transmitted by hugging, kissing, holding hands, shaking hands, massage, animal or mosquito bites, drinking from a public drinking fountain, swimming in a public pool, using a public telephone.

12. ***In Canada, it is very unlikely that someone will become infected with HIV by having a blood transfusion.***
True

Since 1985, all blood in Canada that is donated and used for blood transfusions is screened for HIV and Hepatitis B. However, there is an extremely small chance that a person could receive contaminated blood which was donated before antibodies to HIV have developed as it takes six weeks to more than six months to develop HIV antibodies. In some regions of the world, blood transfusions are still a means of transmission of HIV as blood and blood products are not always screened for HIV and unsterilized needles or instruments may be used.

13. ***You can get HIV from giving blood in Canada.***
False

In Canada, there is no danger of HIV infection from blood donation. This is because the needles used when blood is donated are sterilized or new.

14. ***A mother with HIV can pass it to her unborn child during pregnancy.***
True

Some research has indicated that approximately 30 percent of mothers infected with HIV pass HIV to their unborn child during pregnancy or at birth. HIV can move from the blood or secretions of the infected mother to the blood of the child during pregnancy or at birth.

15. ***HIV can be transmitted through insect and animal bites.***
False

HIV cannot be transmitted through insect or animal bites. HIV is only transmitted from one person to another.

16. ***A person can pass on an STD even though no symptoms are present.***
True

Frequently, people, who have an STD, even HIV infection, do not have any symptoms. Although they look and feel healthy, they have STD-causing organisms in their body which they can transmit to others.

Prevention

17. ***Latex condom use is the most effective way to avoid HIV.***
False

The most effective way of avoiding sexual transmission of HIV and other STD is sexual abstinence. Abstinence means not having vaginal, anal, or oral sex.

18. ***The more sexual partners a person has, the greater the chances that a partner will be infected with HIV.***
True

The more sexual partners a person has, the greater the chances that one of those partners will be infected with HIV or STD-causing organisms.

19. ***Methods for avoiding HIV usually do not help avoid other STD.***
False

Methods for preventing the transmission of HIV usually assist in the prevention of other STDs.

20. ***Latex condoms, when properly used, give 100 percent protection against HIV infection.***
False

Latex condoms are not 100 percent effective in preventing the transmission of HIV — they can break and must always be used properly to be completely effective. However, if a person is sexually active, the proper use of a latex condom during sexual intercourse is an effective means of protection.

21. ***Sharing needles for ear-piercing or tattooing is safe.***
False

Contaminated needles used for tattooing, ear piercing, or ceremonial blood bonding can spread HIV, Hepatitis B and other STD-causing organisms.

22. ***A person can do more to prevent themselves from getting an STD than the Health Department or doctors can.***
True

The organisms that cause STD are transmitted by certain behaviours. Therefore, an individual can prevent himself/herself from acquiring an STD if the behaviours during which the infection can be transmitted are avoided.

Symptoms

23. ***When one is infected with HIV, there may be no obvious symptoms.***
True

Frequently, people who are infected with HIV do not have any symptoms. People who are living with AIDS have developed the infections and diseases that characterize AIDS.

24. ***Everyone infected with HIV — whether they have symptoms or not — can transmit the infection to others.***
True

Anyone infected with HIV, whether they have symptoms or not, can transmit HIV to others. Although they look and feel healthy, they are infected with HIV which they can transmit to others.

25. ***The period between HIV infection and development of symptoms is a few months.***
False

The period between HIV infection and the development of symptoms of AIDS is a median of 11 years. Therefore, half the people with HIV infection still do not have AIDS 11 years after their initial infection.

26. ***A person can have HIV for years without developing AIDS.***
True

A person can have HIV for years without developing AIDS. As many as half the people with HIV infection still do not have AIDS 11 years after their initial infection.

27. ***Many people who have STD will not have signs of illness and can still pass on the disease-causing organism.***
True

Frequently,people who have STD do not have symptoms or signs of illness. Although they look and feel healthy, they have STD-causing organisms in their body which they can transmit to others. The symptoms of STD develop at different rates or not at all.

28. ***Men and women are equally likely to have serious problems if they catch an STD.***
False

Generally, the health problems associated with STD are more serious for females than males. Genital warts can cause cancer of the cervix in females. Untreated Chlamydia and/or gonorrhea may produce pelvic inflammatory disease (PID) and lead to an increased incidence of tubal pregnancy in females, and permanent infertility in both males and females. Untreated syphilis can result in serious cardiovascular and brain disorders in both females and males.

29. ***You can tell if a person has an STD by his or her looks.***
False

It is not possible to tell if a person has an STD by his or her looks. Many people who have an STD do not have symptoms or visible signs of the disease. Anyone, can get an STD as a result of the behaviours he or she engages in.

30. ***If a person has an STD he or she cannot catch it again.***
False

With the exception of HIV and Hepatitis B, a person can catch the same STD more than once in his or her life. Therefore, STD-preventive behaviours should always be practised.

Testing

31. ***A positive HIV test results means that a person has AIDS.***
False

A confirmed sero-positive HIV antibody test result means that there are HIV antibodies in the blood. This is an indication that the person is infected with HIV. Until a person develops the infections and diseases that characterize AIDS, he or she is not considered to have AIDS.

32. ***It can take over four weeks for antibodies to appear in the blood to turn the test result positive.***
True

It often takes six weeks to six months or longer to develop HIV antibodies after a person is first infected with HIV.

33. ***Persons who have negative test results need not worry about ever contracting HIV.***
False

A person who receives a negative HIV test result can contract HIV at a later time in his or her life. Therefore, a person whose test result is negative should immediately begin or continue practising HIV-preventive behaviours.

34. ***A negative HIV test result means there are no antibodies to HIV in the blood.***
True

A seronegative test result only means that HIV antibodies were not found in the blood. A negative test does not necessarily mean that the person is HIV-free. The person can have a negative HIV antibody test and still be HIV infected if the test was taken between the time of infection and the time the body developed antibodies to HIV.

35. ***An HIV-infected person can receive a negative test result if tested immediately after exposure to HIV.***
True

The time between when a person is infected with HIV and the time the first antibody to HIV develops may be six weeks to six months or longer.

36. ***Persons under the age of 18 must get the permission of their parents to get tested for an STD.***
False

A person of any age can be tested for an STD **without** the permission of his or her parents. All tests and results are confidential and can be obtained free of charge at the public health department or STD clinic.

37. ***Persons having sex with different partners should have regular STD check-ups even if they do not have STD symptoms.***
True

A person who has sexual intercourse with different partners should have regular STD check-ups even if they do not have STD symptoms. Frequently, people who have an STD do not have any symptoms.

HIV/AIDS Help Sources

38. ***Your local Health Department will provide confidential counselling and testing.***
True

Your local Health Department or STD clinic will arrange for free confidential counselling and testing for STDs.

39. ***Only people who have engaged in high-risk behaviour need to get the HIV antibody test.***
True

Only people who have engaged in high-risk behaviours (behaviours which can transmit HIV) need to consider getting the HIV antibody test. There is no possibility of HIV or STD infection unless a person has been participating in behaviours associated with HIV/STD transmission.

40. ***Persons who have positive test results should seek professional help.***
True

A person should seek professional counselling from a doctor or other health professional when considering having an HIV antibody test. A person who receives a positive test result should receive further professional counselling when they receive their test result.

41. ***If a friend of yours develops HIV, you should avoid any contact with him or her as he or she will want to be alone.***
False

An individual who is HIV positive may become anxious and depressed. He or she needs the support of family and friends. One cannot get HIV by being near a person living with HIV or AIDS; therefore, it is easy and helpful to maintain normal friendly contact with anyone who has HIV infection or has developed AIDS.

42. ***The HIV antibody test is available only to persons who have engaged in high-risk behaviour.***
False

The HIV antibody test is available to anyone free of charge through the public health department or STD clinic. However, only individuals who have engaged in behaviours which can transmit HIV need to get the HIV antibody test. There is no possibility of HIV or other STD infection unless a person has been participating in behaviours associated with HIV/STD transmission.

43. ***If in doubt about AIDS-related facts, you should ask your friends to get accurate information.***
False

For information about AIDS or other STD contact:
- STD clinic
- local public health department
- doctor or nurse
- teachers who teach about AIDS and STD
- local AIDS telephone hotline
- hospital
- local community AIDS organization
- parent or guardian
- religious leader

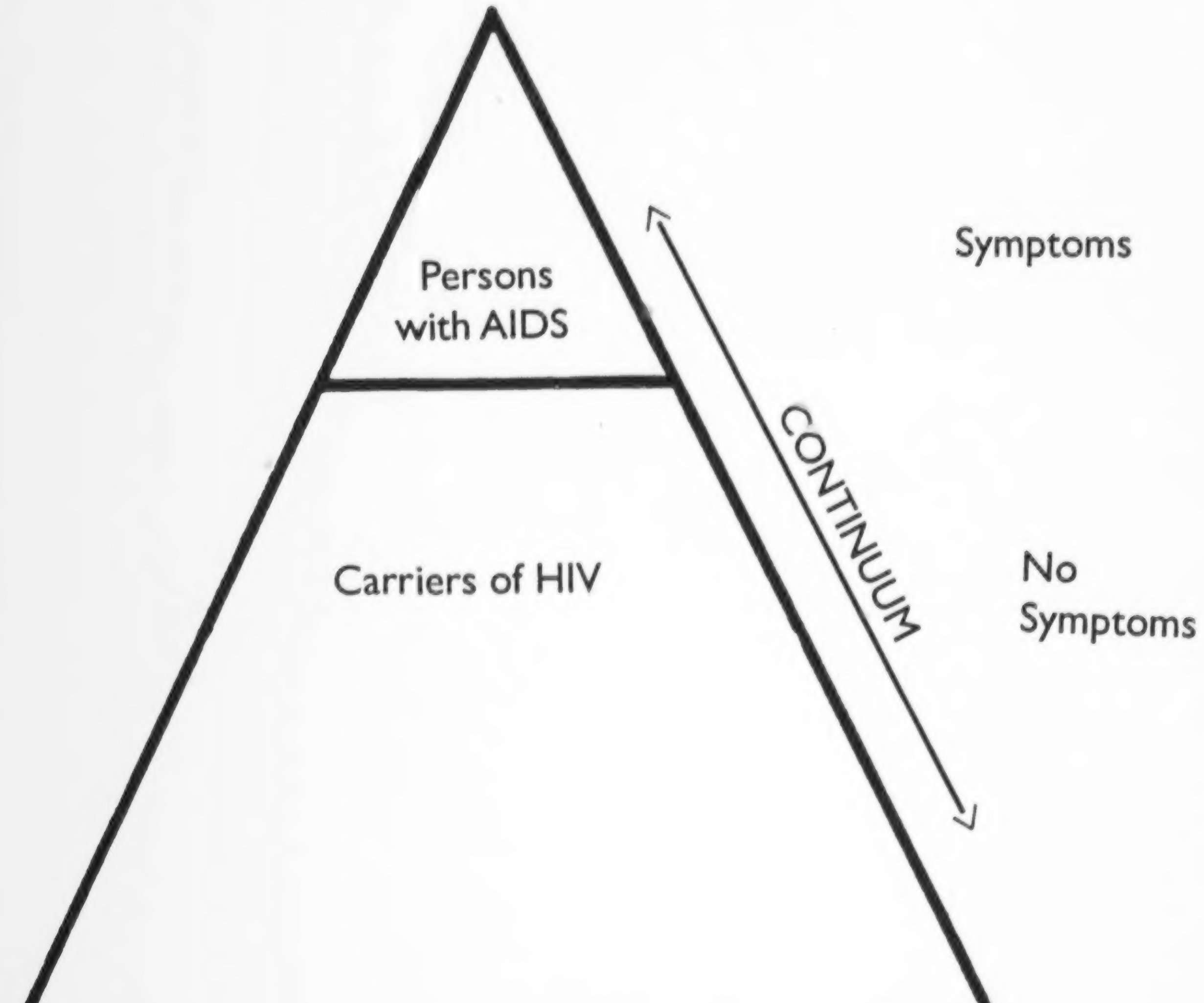
44. ***If you want to know more about HIV/AIDS, you should call your local Health Department.***
True

Calling the local Health department is one of the best ways to get information about HIV, AIDS and other STD. The Health Department is usually listed in the telephone book under county or city government offices.

45. ***A person who suspects he or she has an STD should stop having sex and go to a doctor quickly for an STD check-up.***
True

A person who suspect she or she may be infected with HIV/AIDS or other STD and who has been participating in activities associated with STD transmission should stop engaging in such activities immediately. Even if no symptoms are present, he or she should go to a doctor or STD clinic immediately for an STD check-up.

The AIDS "Iceberg"


Persons with AIDS
Carriers of HIV
CONTINUUM
Symptoms
No Symptoms

HOW THE HIV VIRUS IS SPREAD

- ◆ SEXUAL INTERCOURSE WITH AN INFECTED PERSON
- ◆ SHARING CONTAMINATED NEEDLES/ SYRINGES
- ◆ RECEIVING CONTAMINATED BLOOD/ BLOOD PRODUCTS
- ◆ INFECTED PREGNANT WOMAN TO UNBORN CHILD

AIDS IS PREVENTABLE

METHODS OF PREVENTING THE TRANSMISSION OF HIV

MOST EFFECTIVE

- ABSTAIN FROM INTERCOURSE
- DO NOT SHARE SYRINGES/NEEDLES

OTHER METHODS

- MAINTAIN A MUTUAL MONOGAMOUS RELATIONSHIP
- PRACTICE SAFER SEX INCLUDING:
  - USE OF LATEX CONDOMS COATED WITH NONOXYNOL-9
  - REDUCE THE NUMBER OF SEX PARTNERS
- A MOTHER INFECTED WITH HIV SHOULD NOT BREASTFEED HER INFANT
- USE LATEX GLOVES IF EXPOSED TO SOMEONE ELSE'S BLOOD OR BODY FLUIDS

Condom Test

Everyone not abstaining from sex needs to take precautions to reduce their risk of getting HIV/AIDS. Taking these precautions is called practising "safer sex."

Using a latex condom during sexual intercourse is a safer sex behaviour and the safest method to protect oneself and one's partner against HIV infection and STDs if one is sexually active. It also provides some protection against unplanned pregnancy. To consider the advantages and disadvantages of using condoms, you must have correct information about them.

In this activity you will demonstrate your present level of knowledge about condoms, and have the opportunity to increase your present knowledge.

- On your own, read and respond to each of the statements in *A Test About Condoms.*
- Your teacher will provide the correct answers and a brief explanation of each answer.
- Determine your *Condom Test Score.*
- Discuss any questions you have with your parents, a teacher, or public health nurse.

Unit 3 — 5.1

A Test About Condoms

Circle "T" if the statement is True. Circle "F" if the statement is False.

		True	False
1.	Over 80 percent of sexually active youth now use condoms.	T	F
2.	A condom, if used properly, gives 100 percent protection against HIV infection, STD and pregnancy.	T	F
3.	The rate of HIV infection among gay males has decreased significantly.	T	F
4.	Condom packages have an expiry date.	T	F
5.	Females now buy more than 40 percent of the condoms sold.	T	F
6.	Condoms can be stored in a variety of places without being damaged.	T	F
7.	A person can damage a condom while opening the package.	T	F
8.	Lubricating a latex condom with vaseline is an effective way to prevent breaking or tearing during use.	T	F
9.	Natural condoms (made from lamb intestine) are more effective against HIV than latex condoms.	T	F
10.	Spermicidal gels, with nonoxynol, provide protection against HIV.	T	F
11.	Condoms with reservoir (receptacle) tips are less apt to break than those with rounded ends.	T	F
12.	A thicker condom means a stronger condom.	T	F
13.	You have to be at least 16 years old to buy condoms.	T	F
14.	All lubricated condoms include nonoxynol.	T	F
15.	Condoms reduce sexual sensations for a male.	T	F
16.	Condoms enable many males to "last longer" before they ejaculate during intercourse.	T	F
17.	Coloured condoms are less effective against HIV transmission than uncoloured condoms.	T	F
18.	A condom can be safely reused.	T	F
19.	All brands of condoms are equally effective in terms of protection against pregnancy and STD.	T	F

Total number of correct answers ____________

Correct Responses to a Test about Condoms

1. FALSE

   The *Canada Youth and AIDS Study* found that only 14 percent of college/university students who "often" had sexual intercourse "always" used condoms. More than 25 percent of college/university students who "often" had sexual intercourse **never** used a condom.

2. FALSE

   Although the failure rate of condoms is quit low, if properly used, they do not provide 100 percent protection from HIV infection or STD. If they do break or tear, it is usually because people are not using them properly. Practice is recommended. For added protection, nonoxynol foam or gel can be used, or the male can withdraw before ejaculating while still wearing a condom.

3. TRUE

   The gay community has mobilized an effective educational campaign that has led to significant behavioural change among gay men. Many gay men now use condoms and other safer sex practices. However, a similar change has not occurred among injection drug users or heterosexuals in general. The rate of HIV infection continues to increase among heterosexuals, injection drug users, their sex partners and infants (born to infected women).

4. TRUE

   The expiry date should be on the package. Condoms have a shelf life of five years under the best conditions, but begin to deteriorate slowly after two and a half years. When in doubt about a condom's age or condition, throw it out and use one purchased or acquired recently.

5. TRUE

   Females buy almost half of the condoms purchased in the U.S. today. Increasingly, condom manufacturers are targeting females in their marketing strategies. Statistics are not available for Canada, but Canadian trends are often quite similar to those in the U.S.

6. FALSE

   Condoms deteriorate quickly if exposed to heat, sunlight, or rough treatment. They should **not** be left in the sun, in the glove compartment of a car or in a wallet for long periods of time. Opaque packaging is more effective in protecting the condom from the deteriorating effects of light than is transparent packaging.

7. TRUE

It is possible to tear a condom while opening the package. Rings and long fingernails can also damage a condom. Inflating or stretching them to test them can weaken them.

8. FALSE

Vaseline and other oil-based products such as baby oil, mineral oil and vegetable oil (such as Crisco) should not be used as lubricants. They can weaken latex condoms and make them more likely to break. They can also trap germs inside the body. Water-based lubricants such as K-Y Jelly, Muko, H-R and Lubafax can be safely used. Lubricated condoms are not as likely to break.

9. FALSE

Although some males prefer the natural (lamb intestine) condom, they are not as reliable a latex condoms because they have walls of unequal thickness and therefore may leak more easily.

10. TRUE

Nonoxynol has been shown to kill HIV as well as some STD. Nonoxynol also comes as a contraceptive foam or gel and can be used by the female along with a condom used by the male.

11. TRUE

Although both can be effective is used properly, the reservoir tip type of condom is recommended. If there is no reservoir tip, leave a space at the end of the condom to collect the semen. In either case, the air should be gently pressed out of the tip before the condom is unrolled. Air bubbles decrease the sensation and could cause the condom to break.

12. FALSE

Modern production techniques produce condoms of reduced thickness that are just as strong as thicker ones and do not allow liquid to pass through them.

13. FALSE

Anyone can buy condoms. Those who are nervous or shy can ask their local family planning unit about obtaining condoms.

14. FALSE

Condoms can be bought pre-lubricated with nonoxynol; examples of such condoms are Ramses Extra, Sheik-Elite, Trojan-enz and Shields. Some condoms are lubricated on the outside and inside. The lubricant can be either gel or silicone, and **some** lubricants include nonoxynol.

15. TRUE

Condoms can reduce sexual sensations for the male, but only a little. Condoms are now being made much thinner but just as strong. Those who expect a difference will probably perceive it.

16. TRUE

The fact that a condom may delay ejaculation is an important advantage for those men who are bothered by very quick ejaculation following penetration.

17. FALSE

Colours do not matter for disease prevention or birth control. But manufacturers do not guarantee the stability of the dyes used to colour condoms. This means that once the condoms are wet, the colour may run and stain sheets or clothing, but this will not affect safety.

18. FALSE

Never reuse a condom.

19. FALSE

The various brands of condoms have different rates of breakage. Avoid "boutique" brands because the manufacturer and quality-control techniques may **not** be on a level with those of major condom manufacturers.

Unfinished Sentences About Condoms

Write an ending you think would best complete each sentence.

1. When it comes to condoms, males believe ...
2. When it comes to condoms, females believe ...
3. Buying condoms can be ...
4. Asking a partner to use a condom would be ...
5. The best thing about using a condom is ...
6. The worst thing about using a condom is ...
7. The main reason some people do not use condoms is ...

Optional Case Study

Jim - A Case Study about Sexually Transmitted Diseases
(Written by Sergei Sherman)

In groups of three, read each section of this case study and discuss the questions. One person will be the group leader who reads out the passage and clarifies the questions. The second person will be the recorder and the speaker. The third person will keep the group on task and encourage everyone to participate. Group reports will be given after each section of questions is completed. Discussion will follow the reports.

Jim was in grade twelve when he began hanging out with a group of older guys who spent most weekends drinking in local pubs. Jim found it easy to pick up girls who were not interested in a relationship going beyond a one-night stand. He had intercourse with some of them. Four days after having sex with a girl, who said her name was Janet, Jim woke up to face a problem he had never experienced before. When he urinated he felt a painful burning sensation in his penis and some pus came out of his urethra. Upset and in pain, Jim skipped morning classes and went to the nearest walk-in clinic to see a doctor.

1. Are people like Jim at high risk for contracting STD and AIDS? Explain.

2. Based on his symptoms, what disease(s) might Jim have?

3. Is there a cure for this? What is it?

The doctor asked Jim if he had sex with anyone, male or female, in the last few weeks. Jim told him about the girls he picked up at the pubs and about Janet who was his most recent sex partner. the doctor examined Jim and took two separate swabs of the opening to his urethra and a sample of his blood. He said the results of the three tests for STDs would be sent to the clinic by the lab in about a week. Jim was asked to make an appointment to see the doctor at that time.

4. For which three sexually transmitted diseases were the tests taken? Why did the doctor choose these from among the more than 20 known STDs?

Jim was hoping that the doctor would give him something to stop the pain when Jim urinated. The doctor gave him an antibiotic, in the form of pills, which Jim was told to take several times a day for a period of seven days. Then the doctor injected Jim with another type of antibiotic. These pills and the injection of antibiotic medication were free of charge to Jim. They were provided by Manitoba Health.

5. Why was the medication given free by Manitoba Health? Would it make a difference to the rate of spread of STD if patients had to pay for the medication?

The doctor told Jim that if his tests were positive a public health nurse would contact him to educate him about the STD which he had contracted and to obtain information about his recent sex partners. Jim was worried that his parents would find out, but the doctor told him that these nurses knew how to contact people without others finding out why they were being spoken to. This was called "maintaining confidentiality."

6. Why is it important that the public health nurse obtain information about Jim's recent sex partners?

7. Will the public health nurse tell the girls that Jim has an STD and that he reported them?

8. What will the nurse say to them?

A week later, Jim returned to the doctor's office for his appointment and was told that he had been infected with gonorrhea. The tests for chlamydia and syphilis were negative. The injection of antibiotic medication had cleared up the infection and Jim no longer suffered from any of his former symptoms.

The public health nurse contacted Jim by phone at the school during lunch hour. She asked Jim to come to the Health Unit offices in the Community Centre at four o'clock. There the public health nurse told Jim about gonorrhea, how it damages the reproductive organs of males and females, how to avoid getting another infection and the importance of partner notification. Jim realized that it was important to give the nurse the names of all of his recent sex partners so that they could be called in for testing. He as glad that the nurse would do this for him as he was too angry and upset to have done it properly himself.

9. If Jim had used a condom, would that have protected him from getting infected with gonorrhea or the other two STDs for which he was tested?

10. Whose fault was it that Jim got infected with gonorrhea?

11. What is the best way by which Jim can avoid becoming reinfected by STD?

12. Which STD might Jim have contracted that are not curable?

13. Jim showed symptoms of infection and sought treatment. Do all persons infected with chlamydia and gonorrhea show symptoms and know that they need treatment?

14. Are these persons, referred to in question 13, infectious to others when they have sexual intercourse?

15. What are the possible health risks to such infected persons, male and female, if they remain unaware of their infection and do not seek treatment from a doctor?

16. If you or a friend of yours became infected with an STD, where in your community would one go to seek treatment? If you weren't sure where to go, who would you ask for advice?

17. Give several reasons why teens who contract an STD might find it difficult to inform their sex partner(s) that they should go to their doctor to be tested in case they have an STD.

ANSWER KEY TO STD CASE STUDY

1. Yes, they are at risk. They do not always use condoms. They have sex with persons whose sexual history is unknown to them. They have multiple partners.

2. Most likely chlamydia and gonorrhea.

3. Yes, both diseases are treatable with antibiotics.

4. Gonorrhea, chlamydia and syphilis. The most common STDs in Manitoba are chlamydia and gonorrhea, in that order of occurrence. A person who has either or both of these infections could also have syphilis, but show no symptoms of syphilis at this stage. The blood test for syphilis is given to preclude the existence of this serious STD.

5. There are six STDs which by law must be reported to Manitoba Health by doctors. These are gonorrhea, chlamydia, syphilis, chancroid, AIDS and lymphogranuloma venereum. Doctors aren't required to report STDs such as venereal warts, herpes, crabs, etc. Many people who are infected with an STD may not be able to afford the antibiotics required to treat their infection. To minimize the risk to their health which would happen if the disease was untreated promptly, and to contain the spread of the disease, if the infected persons continued to have sex with others who were not infected, the government has a long standing policy of providing free treatment for all of the sex reportable diseases.

6. The reason that the nurse needs to know about Jim's sex partners is that many infected persons show no signs of illness. They are called asymptomatic. However, they are just as infectious to other sex partners as are persons with symptoms. It is important to have all persons who have been sex partners of Jim's tested and treated if necessary. These sex partners will be asked to provide the names of people other than Jim with whom they have had sex in recent weeks so that all the possibly infected individuals can be located, tested and treated.

7. Absolutely not. This information is confidential to all but the health care workers such as the doctor and the nurse, both of whom work under an oath to protect their patient's confidentiality.

8. The nurse will say that someone has informed Manitoba Health that he/she may have been exposed to gonorrhea and that it is in his/her best interest to go to a doctor for a test and treatment if necessary, even if he/she is not experiencing any symptoms of gonorrhea.

9. If used properly, a condom does provide a large measure of protection against most STDs.

10. It is important not to blame persons who contract an STD if society is to break the social stigma which persons having these diseases have experienced for centuries. This stigma has led people who were infected not to seek treatment. As a result, the diseases spread at epidemic rates and many people experienced loss of physical and mental health, and even premature death, when they went untreated.

11. Abstinence is the only sure method of avoiding reinfection. A mutually monogamous relationship with an uninfected partner is the next best way. The third way is through the proper and consistent use of a condom.

12. The incurable STDs are HIV, genital herpes, venereal warts, crabs, hepatitis B.

13. No. These people are called asymptomatic. Between 40 and 60 percent of persons infected with gonorrhea and chlamydia will be asymptomatic for periods of time up to or beyond several months.

14. Yes, asymptomatic patients are just as infectious to others as are persons who show symptoms.

15. The health risks in females are Pelvic Inflammatory Disease which can contribute to sterility and tubal (ectopic) pregnancy. Males can become sterile due to the scarring of the vas deferens. A woman who is infected while pregnant may pass the disease to her baby prior to or during birth.

16. Answers will vary according to local situations. Check with your local public health nurse.

17. The emotions most commonly experienced are fear of the partner's anger, personal anger at having been infected by someone you trusted and cared for, embarrassment, and fear of social stigma in your community if others were to find out that you had been infected.

For further information on STDs, consult the Manitoba Education and Training Family Life Education, Senior 1 (Grade 9) Curriculum, and/or Manitoba Health offices for brochures and pamphlets on specific diseases.

Case Study

Teenage Pregnancy
(Written by Marie Dame and Sergei Sherman)

Joan and Mark started going out when they were in Senior 1. During the summer holidays, Mark's parents went to their cottage for weekends while Mark remained at home because he worked as a service station attendant on Saturdays. Joan and Mark liked to rent movies and watch them at Mark's house in the evenings. As the summer progressed, their intimacy increased. Neither Joan nor Mark used birth control when they eventually began having sex.

Joan missed her period in September. In October she went to see the school counsellor who referred her to the local community clinic. At the clinic a physician confirmed that she was pregnant and a clinic worker provided her with pregnancy counselling.

1. Do you feel that Joan and Mark acted responsibly?

2. a) What choices are available to Joan and Mark regarding Joan's pregnancy?
   b) What impact would each of these choices have?

3. What is Mark's role in this situation?

4. How do you think Joan and Mark's parents will react to the news of Joan's pregnancy?

Joan and Mark discussed their relationship and what to do about the baby. They had a disagreement and decided to break up. Joan decided to keep her baby. She returned to the clinic in early November and regular follow-up visits were recommended. She was also strongly encouraged to attend pre-natal classes at the local health unit where she would receive information on pregnancy and child care.

5. What are some difficulties Joan may encounter at this point?

In early December, in her sixth month of pregnancy, she talked to her school counsellor about what she should do about her schooling.

6. What accommodations are made for pregnant girls to continue their education in your school division?

Joan decided to finish the first semester (to the end of January) and then drop out until the following September.

7. What are the possible consequences of this decision?

In March, Joan delivered a healthy baby boy. She was still living at home and returned to school in September as planned.

8. What are some of the short- and long-term difficulties (positive and negative) Joan may encounter in being a teen mother?

Case Study: Teen Pregnancy

Answer Key

1. Neither Joan or Mark acted responsibly in that they did not consider abstinence or using birth control when they decided to have sex.

2. a) – Keeping the baby and parenting it as a single mother.
   – Getting married and keeping the baby.
   – Giving the baby up for adoption.
   – Abortion

   b) Answers (both positive and negative) will vary, depending on subjective view. Each of the choices could have emotional, social, psychological, and economic effects.

Keeping Baby (Single Parent)	Keeping Baby (Couple)	Adoption	Abortion
– loneliness – depression – need for social supports – Need for school-based infant/child care – economic difficulties – added responsibilities	– possible conflict or divorce – shortage of money – housing problems – need for social supports – need for school-based infant/child care	– loss of child – possible psychological problems – continue school – economic difficulties less severe	– moral issue – guilt – loss of child – physical pain

3. Responses will vary.
   As the biological father, Mark should take an interest in supporting or providing for the well-being of his child.
   Mark may be legally liable to provide support.
   Mark should feel obliged to support Joan emotionally.

4. Answers will vary.
   The parents could have a range of possible responses from anger to rejection to acceptance to total support.

5. Answers will vary.
   Difficulties may include:
   - physical symptoms (nausea, weight gain)
   - social changes (friends may withdraw)
   - family relationship problems
   - break-up of relationship with Mark
   - emotional problems (e.g., breaking up with Mark could result in feelings of sadness, loss, low self-esteem)

6. Possible educational accommodations:
   - Many school divisions (urban and rural) will provide funds for schooling at home for pregnant girls (e.g., Villa Rosa, Lindenview).
   - Some school divisions provide their own separate facility for pregnant girls (e.g., Winnipeg School Division).
   - Some girls stay in their present school and attend classes until the child is born.
   - Some girls study at home in the last trimester.
   - Some girls enroll in provincial correspondence courses.

7. Answers will vary:
   - Joan will be behind her classmates and will not be able to graduate with them.
   - She may never return to school and may not graduate.
   - She may be able to catch up through correspondence courses.
   - She may return to school at a much later time.
   - She may have little in common with her classmates.

8. Possible short-term effects:
   - dropping out of school
   - child care responsibilities
   - social isolation
   - emotional problems (e.g., depression,apathy, sadness, helplessness)
   - limited education
   - unemployment

   Possible long-term effects:
   - child care responsibilities
   - difficulty meeting personal needs and those for the child
   - potential for neglect and abuse of the child
   - limited educational opportunities
   - limited career opportunities
   - social isolation

UNIT 4

MENTAL HEALTH

UNIT 4: MENTAL HEALTH

1.0 The Continuum of Mental Health

MAJOR OBJECTIVE: To recognize mental health as a continuum ranging from optimal mental health to situations requiring professional medical and/or other community supports.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
1.1 understand that mental and emotional health influences and is influenced by all dimensions of a person's life	Participate in a discussion on mental and emotional health.	Emphasize that maintaining mental and emotional health is a lifelong process that undergoes continual change and involves the whole person. Every dimension of life affects a person's mental well-being; in turn, mental health status affects one's physical, emotional, and social well-being. Thus, wellness or problems/ disturbances in one area of life can enhance or pose risks to all the other areas.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Health and Welfare Canada has developed the following "interactive" definition of mental health: "Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality" (**Mental Health for Canadians: Striking a Balance**, 1988, p. 7). Encourage students to consider how other cultures view mental health (e.g., Native model — balance of mind, body, and spirit).
	In a small group, discuss • What is mental health? • What does mental health mean to me?	Divide the class into small groups and have students discuss the meaning of mental health. Ask for volunteers to share group responses with the class.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.2 understand that the mental health status of every individual is a result of internal and environmental factors, and can change given major stress	Participate in a lecture/discussion on the concept of mental health as a continuum ranging from optimum mental health to situations requiring medical treatment or other professional support.	Emphasize that the mental health of a person is on a continuum ranging from optimum mental health to serious mental illness/ diagnosed mental disorder. A variety of mental health problems/ disorders may be encountered along the continuum.
1.3 describe mental health problems/mental disorders	Discuss mental health problems/ mental health disorders and their differences.	A mental health problem may be defined as "a disruption in the interactions between the individual, the group and the environment" (Health and Welfare Canada, **Mental Health for Canadians**, 1988, p. 8). Everyone, at some point in life, develops short-term mental and emotional problems that affect his or her interactions with other people and the environment in which he or she lives.
1.4 recognize some internal and external factors that influence the mental health status of each individual	Participate in a discussion on internal and external factors that influence mental health.	Mental problems and disorders vary in severity, duration and rate of recurrence, depending on the interaction of internal and external factors such as the following

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Internal Factors • degree of vulnerability • a person's age and development (e.g., puberty) • illness • ability to cope • genetic predisposition (inherited tendency) **External or Environmental Factors** • early childhood experiences • current experiences • type, degree, and combination of stress experienced • family relationships • community • social structures • economic conditions • availability/lack of supports • physical surroundings • learned coping patterns In some cases it is difficult even for experienced mental health professionals to determine when a person's behaviour is simply

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		"different," when someone is having problems coping, or when a person is suffering from one or a combination of several mental disorders. Disruptions in a person's thoughts and emotions, behaviour, and perception of reality, and the degree of distress and disability associated with a person's condition are important considerations in diagnosing mental health problems and disorders (**Life and Health**, 1987, pp. 65, 67). Various diagnostic manuals are available to help mental health professionals diagnose mental disorders.
Mental Health Problems 1.5 recognize factors that contribute to optimal mental health	Brainstorm a list of things individuals can do to promote optimal mental health.	Lead the class in a brainstorming exercise exploring the things people can do to promote optimal mental health. Suggestions could include the following

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• assess personal mental health status • accept and valuing oneself • expressing emotions and feelings in healthy ways • set realistic goals and expectations • pursue personal interests • being assertive in conflict situations • take time for rest, relaxation and physical activity • maintain a healthy diet • face problems and finding appropriate solutions • recognize warning signs of mental health problems such as depression and thoughts of suicide • develop satisfying relationships • avoid the use of alcohol and other drugs • recognize and avoid stresses caused by physical surroundings (e.g., air and sound pollution, allergens, poor lighting) • seek help when problems are persistent or overwhelming

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Everyone experiences difficulty coping with emotional and mental stress encountered in daily life. There are many environmental factors that place people at greater risk of developing mental health problems, and care must be taken to pay attention to daily needs and to draw on supports along the way.
1.6 recognize some life events that are major sources of stress for young people		Distribute copies of the "Coddington Life Event Scales" for children and adolescents (see Appendix). These scales were developed by Dr. R. Dean Coddington in an attempt to give numerical weight to the stress of life events which affect the lives of children and adolescents in terms of the readjustment required. The purpose of reviewing these scales is to help students identify sources of potential stress for themselves and other children and young people and recognize the need to develop healthy responses to these sources of stress.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Read the list of stressful life experiences for children and adolescents in the "Coddington Life Event Scales" handout provided.	Have students read the items listed in the "Life Event Scales" on their own. Have them identify, privately, which of the events listed they have experienced during the last 3 months, 6 months, year.
	Individually, identify which of the events listed have been experienced personally during the last 3 months, 6 months, or year.	Carefully select those events from the list that are most appropriate for discussion among the particular group of students in a classroom. Divide the class into small groups and assign one event or stressor to each group for discussion.
1.7 recognize healthy ways of responding to stressful life events	In a small group, discuss how an adolescent might cope with one particular stressful event.	Have each group discuss an adolescent's response to a given stressor by considering the following questions • How might a peer manage this particular stressor? • What can an individual do in this situation? • What resources can a person in this situation draw upon?

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Report group responses to the class.	Have students report group responses to the class. Help students to understand that certain disorders affect the brain rather than some other organ of the body. Persons who have a genetic predisposition towards mental disorders can begin to develop or exhibit disorders as a result of unmanageable stress or anxiety in their lives. Remind students that just as people cannot always deal with physical problems on their own, so they are not expected to handle problems leading to mental and emotional stress without help and support from others. **CAUTION TO TEACHERS:** This will have to be handled very carefully, or kids will feel "doomed." Often, the stress is not of their making, e.g., family dysfunction.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Mental Disorders 1.8 recognize mental disorders	Discuss the definition of a mental disorder.	A mental disorder may be defined as "a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities" (Health and Welfare Canada, **Mental Health for Canadians, 1988**, p. 8). Definitions of the various categories of mental disorders and the specific disorders are determined by observing symptoms and patterns in behaviour.
1.9 describe briefly some of the major categories of mental disorders	Participate in a lecture/discussion on the various types, causes, and treatments of mental disorders.	**Types of Mental Disorders** Discuss some of the major categories of mental disorders, noting examples in each category and describing characteristic behaviour (see Appendix). Include the following categories of mental disorders in the discussion:

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• Organic Disorders • Anxiety Disorders — Anxiety States — Phobic Disorders — Obsessive-Compulsive Behaviour • Dissociative Disorders • Mood or Affective Disorders — Bipolar or Manic-Depressive Disorder • Personality Disorders • Psychotic Disorders • Schizophrenia • Somatoform Disorders Students may also wish to discuss at what ages you can have these disorders.
1.10 know some major causes of mental disorders	Discuss causes of mental disorders.	**Causes** Have students discuss in a large group some possible causes of mental disorders. These may include • genetic factors • physical problems • environmental factors • social structures

OBJECTIVES	SUGGETED STUDENT ACTIVITIES	TEACHER NOTES
		• problems related to early psychological development • substance abuse • a combination of these and other factors **Occurrence, Duration, Severity** Review the different degress of severity, for example • once or repeatedly • temporary or permanent • mild, moderate, or severe
1.11 know some treatments of mental disorders	Identify treatments for mental disorders.	**Treatment** Have students compile a list of possible treatments and discuss • psychotherapy (e.g., psychoanalytic therapy, behavioural therapy, humanistic therapy, group and family therapy, etc.) • drug therapy • hospitalization • a combination of the above

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.12 explore and assess personal and societal attitudes towards and beliefs about persons who suffer from mental health problems and mental disorders	Discuss why some people in society are prejudiced against persons who suffer from mental disorders, and ways by which such discrimination could be counteracted and stopped.	Have students explore their own and societal attitudes towards mental health problems and mental disorders. Questions such as the following could be discussed in a large- or small-group situation • What are some common attitudes towards mental illness? • Could some of these attitudes inhibit a person with a mental health problem from seeking help? • Have societal attitudes and responses towards people who act significantly "different" changed over the years? • Given the current shift in Canada towards community-based mental health treatment, is it important that society's attitudes change rapidly? • Will we be accepting and supportive of people with mental health problems who were previously institutionalized but are now living and treated in the community?

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• What are some advantages of community-based treatment of mental health problems over institutionalized care? • What are some appropriate responses towards those whose behaviour seems to be "different?" • How would we benefit from broadening the range of what we consider "normal" behaviour?
1.13 know intervention strategies for helping others deal with mental health problems and disorders	Discuss ways of assisting those who need help dealing with mental health problems or mental disorders, including emergency intervention strategies.	Intervention strategies that people can use to help each other deal with difficult emotional and mental health problems and disorders • provide personal support by listening sympathetically and non-judgmentally • encourage and help a person to seek outside help • arrange for medical intervention

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.14 know locally available community-based mental health resources	Identify community mental health supports and resources.	Have students identify community-based mental health resources and supports. Suggestions could include the following • parents and siblings • trusted relatives • teachers • counsellors • physicians • religious leaders • friends • drop-in centres • self-help groups • support groups • community support systems • psychiatrists • ethnic community health workers or health advocates, e.g., Native, Asian • mental health professionals Emergency resources include • hot lines • community mental health centres • hospital emergency wards • police

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.15 know various categories of mental health workers and describe their respective roles and qualifications	Gather information on the various categories and qualifications of mental health professionals.	List the various categories of mental health professionals and explain or have students research what kind of help each type of worker is trained or qualified to provide. These could include the following • school guidance counsellors • school psychologists • psychiatrists • clinical psychologists • community mental health workers (child, adolescent, and adult) • psychiatric nurses • public health nurses • occupational therapists • pastoral counsellors • social workers

UNIT 4: MENTAL HEALTH

2.0 Body Image: Steroid Use and Eating Disorders

MAJOR OBJECTIVE: To accept, value, and protect one's own body.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
2.1 understand the terms "physique," "body type" and "body image"	Individually, write a definition of the terms "physique," "body type" and "body image."	Assess student perceptions of the meaning of the terms "physique," "body type" and "body image" by having them write their own definitions and sharing these with the class on a voluntary basis. Lead the class in a discussion of the ideas emerging from the definitions.
2.2 appreciate the uniqueness of each person's body structure	Discuss a person's genetic composition in determining body structure. Discuss the uniqueness and the positive aspects of a person's body structure.	Emphasize that a person's genetic composition determines his or her bone and muscle structure and cannot be changed. Encourage students to enjoy their own unique body shapes, appreciating their particular strengths to the full and respecting their limitations.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.3 know the three basic body types (somatotypes)	Read a description of the three body types.	While each person's body is unique, it can be broadly classified as one or a combination of the three basic body types that have been identified through scientific study. Provide students with information on W.H. Sheldon's classification of body types • endomorphic • mesomorphic • ectomorphic (See Appendix)
2.4 appreciate their own body type	Identify and discuss the various body shapes and body types displayed on an overhead projection of somatotypes.	Using an overhead projection of the three somatotypes, have students identify and discuss various body shapes and body types. Indicate that each person in the class likely has a combination of the features characterizing the various body types. Discourage any attempts to make disparaging comments on the body types represented in the class.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.5 analyze the social-emotional aspects of idealizing a particular male or female body image	Participate in a class discussion of the social-emotional implications of limiting perceptions of attractiveness to a particular body shape, proportion or weight.	Discuss the social-emotional implications of idealizing a particular male or female body image. Have students consider questions such the following • Does the "ideal" body shape really exist? • What is the relationship between self-esteem and realistic/unrealistic body image? • What does the idealization of particular body shapes reflect about society? • In what ways do media messages place pressure on people to conform to idealized images of attractiveness?
	Analyze messages about male and female physical attractiveness presented in the media.	To help students gain a better understanding of the cultural beauty ideals established for men and women in this society and the implications this has for society, have them analyze store window mannequins, television programs, and television and magazine

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		advertisements, particularly advertisements for fitness equipment and weight loss and body building programs. Have students bring to class advertisements from magazines directed at youth and young adults and assess the kinds of subtle and overt messages conveyed both in the text and in the visual images.
2.6 understand the various uses of steroids	Participate in a teacher-led discussion on steroids.	Provide information regarding the current use (particularly by some males) of anabolic steroids to alter body shape for cosmetic reasons or to enhance athletic performance (i.e., to attain the cultural ideals of muscular appearance and physical strength). Explain that anabolic steroids are synthetic derivatives of testosterone (a sex hormone) used to "build up" tissues in the body.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Research the various functions or uses of steroids.	Have students research the various uses of steroids • produced naturally by the body • used for medical purposes • used inappropriately by athletes **Naturally Occurring Steroids** • thyroid hormones (responsible for growth) • testosterone, estrogen and progesterone are steroid-like hormones which — become active early in adolescence — are responsible for development of sexual characteristics — are present in males and females in different levels, e.g, testosterone is present at higher levels in men than in women, while estrogen and progesterone are dominant in women during their child-bearing years

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Medical Uses of Steroids Steroids are medically prescribed for • treatment of — certain types of anaemia — medically diagnosed underweight — burns — osteoporosis • speeding recovery from surgery • rebuilding muscle and other tissue **Steroid Use in Athletics** • increase muscle size (mass) • increase strength Research on how steroids affect the athlete's body has shown mixed results. There is evidence that steroids have three possible effects • They help the muscles of the body use protein to build lean muscle mass.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• They promote aggressive behaviour. Because of this, athletes may train better and harder than they might without the use of steroids. • They cause the body to retain water, which may account for some of the increase in weight gain and muscle size. Source: Manitoba High Schools Athletic Association, "Steroid Usage in High School Athletes," **TARGET** February 1991:5.
2.7 recognize the ethical concerns and health risks associated with anabolic steroid use	In a small group, discuss health risks and ethical concerns related to anabolic steroid use/abuse.	Divide the class into small groups and have each group consider the ethical and health implications of steroid use. Instruct students to • discuss the use of anabolic steroids in sport to enhance performance • formulate a list of the short- and long-term consequences of steroid use/abuse (include potential risks to physical, social, and mental health)
2.8 consider the short- and long-term consequences of steroid abuse	In small groups, discuss the short- and long-term consequences of steroid use.	

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Share group findings with the class.	Have students present and discuss group responses. Summarize group and class findings and provide additional information as needed. **Problems Associated with Steroid Use** While some effects of steroid use are short-term and reversible, others are irreversible. Some are potentially fatal. The following are some of the health risks associated with steroid use/abuse • early closure of bone growth plates resulting in stunted growth • increased injury to muscles and tendons • fluid retention • nose bleeding • unpleasant breath odour • cancer

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• psychological problems: — aggressiveness, violence — emotional instability — mood swings — sleep disturbances — change in sex drive • cardiovascular problems • liver problems • endocrine disorders **males** — reduction in naturally occurring male hormones — shrinkage of testicles — low sperm count (sterility) — enlarged breasts — premature balding — acne (scarring) **females** — deepened voice — enlargement of clitoris — menstrual irregularities — decreased breast size — excess hair growth on face and body — balding — acne (scarring)

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Using current magazine or newspaper articles or a case study (see Appendix), draw attention to the psychological effects and behaviour changes associated with steroid and hormone use/abuse. Discuss the importance of setting and achieving personal goals in ways that enhance rather than damage self-esteem.
2.9 analyze the social-emotional aspects of preoccupation with food, weight and body image	Analyze media portrayals of cultural beauty ideals for women.	Unrealistic cultural beauty ideals place excessive and destructive pressure on both men and women: whereas men are pressured to increase muscle size and develop great physical strength, women are pressured to become thin. Present the following questions for small- or large-group discussion • What female body shape is predominant in advertising?

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• What drastic measures are women willing to take in attempting to achieve such a shape? • What are the emotional and social consequences of these behaviours?
2.10 know that most victims of eating disorders are female	Discuss possible reasons why females suffer from eating disorders in larger numbers than males.	The attempt to control body shape through diet and strenuous exercise and thereby attain the cultural beauty ideal, is a major preoccupation in North American society, particularly among women: "One of the most obvious reasons for the pursuit of thinness lies in cultural beauty ideals. The North American media establishes narrow guidelines defining beauty and success for women: young, white, able-bodied, and above all, THIN. Over the past forty years, the ideal female body has been getting thinner and thinner, and our current fitness and dieting craze reinforces this preoccupation.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Not only does the media project images that are impossible for most of us to achieve, but our culture has damaging myths about 'fat' and 'thin.' Thinness is commonly associated with beauty, fitness, success, popularity, an wealth. Unfortunately, fat is often associated with lazy, unattractive, and unhealthy. It has not always been this way, nor is this the case in all cultures. All it takes is a visit to an art gallery or library to see that large women were once considered beautiful and are still considered attractive in other cultures." (NEDIC, **An Introduction to Food and Weight Problems**, pp. 8-9). "The consequences of weight preoccupation can be a never ending cycle of yo-yo dieting and bingeing, where a woman will continually lose and then regain weight. This may have a harmful effect on her self-esteem and

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		cause many of the health problems associated with (eating disorders)." (NEDIC, p. 7)
2.11 know the social-emotional aspects of food intake	Reflect on personal attitudes towards food and eating by writing down the kinds of foods preferred when feeling happy, lonely, depressed, sad, angry, bored.	Ask students to reflect on their own attitudes towards food and eating by having them write down the kinds of foods they like to eat when they feel happy, lonely, depressed, sad, angry, bored.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	In a small group, discuss how food choices and eating behaviour are influenced by factors such as mood, feelings, childhood experiences, associations, location and socio-economic status.	Divide the class into small groups and have them discuss • examples of how moods or situations affect their eating behaviour • the types of food they associate with comfort, security and love • the personal meaning of terms such as "good foods" and "fun foods" versus "bad foods" and "guilt foods" • the influence of childhood experiences on food choices • the influence of rural/urban location on food choices and availability • the influence of socio-economic status on food choices and availability
	Participate in a class discussion of group findings.	Lead the class in a discussion of group responses.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.12 recognize the range of conditions included in the term "eating disorders"	Individually, draw a continuum representing a wide range of behaviours and attitudes relating to weight preoccupation and place self on the continuum.	Have students, individually, draw a continuum representing the wide range of behaviours and attitudes relating to food and weight and place themselves on the continuum. (Results are not to be shared with the class.) Help students to recognize the diversity of behaviours and attitudes associated with eating and weight. The wide range of attitudes and behaviours around food could be portrayed as a continuum moving from being comfortable with food to occasional diet restrictions, frequent diet restrictions, occasional purging, frequent purging and, finally, eating disorders (e.g., anorexia and bulimia).

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		A large proportion of people, especially women, exhibit a range of unhealthy attitudes and behaviours with regard to weight and diet, the most extreme eating problems being anorexia and bulimia. "While 1-2% of (North American) women between the ages of 14 and 25 have anorexia, and 3-5% experience bulimia, another 10-20% of women engage in many of the behaviours associated with both eating problems. Beyond those affected by anorexia or bulimia, 40% of women are yo-yo dieting, 70% are preoccupied with their weight, and 90% of women are dissatisfied with some aspect of their bodies. Eating disorders can be seen as extreme expressions of attitudes and attitudes and behaviours which are the norm for most women today." (NEDIC, pp. 4-5)

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
2.13 recognize the major types of eating disorders: weight preoccupation, anorexia and bulimia	In a small group,discuss the terms "weight preoccupation," "anorexia" and "bulimia," focussing on the harmful consequences. Share highlights of the group discussion with the class.	Divide the class into groups and have students discuss the terms "weight preoccupation," "anorexia" and "bulimia," considering the harmful consequences of each. Have the groups share discussion highlights with the class. Supplement group findings with additional information as needed. **Weight Preoccupation** "A majority of women (as well as many men) in North America are weight preoccupied. This can include anything from having a desire to be thinner, to counting calories and having an 'ideal weight' for which they strive. Often weight loss becomes the primary concern in a woman's life, taking priority over career, studies or relationships, and consuming much of her time, energy and money.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Body image also becomes central to feelings of self-esteem and self-worth, overshadowing qualities and achievements in other areas of a woman's life. What the scale says often determines how a weight preoccupied woman feels about herself." (NEDIC, p. 7) **Anorexia Nervosa** "Anorexia nervosa is identified as drastic weight loss resulting from dieting. It is often accompanied by intense exercise. Most women or girls with anorexia are motivated by a strong desire to be thin and a fear of being fat. Some become extremely thin. Often a woman or girl with anorexia may not recognize that she is underweight and may still 'feel fat' at 80 lbs. (36.4 kg).

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		"The physical and emotional effects of anorexia are harmful. Food deprivation can lead to loss of menstrual periods ..., weakened muscle and bone tissue, constipation, and lowered heart rate. Women and girls with anorexia often experience frequent pain and discomfort. Ten to 20% will eventually die from complications related to it. "Anorexia is also emotionally and intellectually draining. Starvation causes a woman to withdraw socially, and feel low in energy, irritable and depressed." (NEDIC, p. 5) **Bulimia** "Bulimia is identified by frequent changes in weight and a cycle of binge eating followed by purging to rid the body of unwanted food. A binge for one person might be several items of food, for another,

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		an extra spoonful of sugar in coffee. Purging methods include vomiting, exercise, fasting, or use of laxatives, diuretics (water loss pills) or diet pills. These purging methods do not successfully work to rid the body of unwanted calories. Laxatives work on the large intestine when calories have already been absorbed in the small intestine. They rid the body of water and other nutrients but very few calories. Vomiting only rids the body of some of the calories, while causing the body to become quicker and more effective at absorbing calories. Diuretics (water loss pills) rid the body of water and essential minerals. Vomiting can put stress on the stomach, oesophagus (throat), and heart. The loss of sodium and potassium caused by vomiting and laxative abuse can create serious problems such as muscle cramping,

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		cardiac arrhythmias (heart attack) and even death. Individuals with bulimia may initially lose weight but often gain it back, because of the ineffectiveness of purging. The cycle of dieting, bingeing and purging also reinforces a woman's feelings of low self-esteem, shame, failure, and being out of control." (NEDIC, pp. 6-7)
	Discuss several case studies involving eating disorders.	Have students discuss case studies of individuals suffering and/or recovering from eating disorders (see Appendix).
2.14 recognize the relationship between self-esteem and eating disorders	Participate in a discussion of the relationship between eating problems and self-esteem.	Together with the class, examine the relationship between eating patterns and self-esteem. Note that dieting sets people up to fail, thus reinforcing any feelings of guilt, failure, low self-esteem and body dissatisfaction they may already have.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Emphasize the importance of valuing, feeling good about, and taking care of one's body. Each person, regardless of physical characteristics, gender, cultural group, etc., has the potential to experience a wealth of human emotions, sensations, activities, and thoughts. By neglecting and abusing the body through behaviours such as unhealthy dieting, excessive exercise and abuse of steroids and other drugs, people can diminish their individual human potential and self-esteem; by being sensitive to and caring for the body's needs people can enhance their potential and self-esteem.
2.15 know how and where help may be obtained if they themselves or if friends or family members display signs of eating problems or eating disorders	Suggest ways to obtain or give help when observing signs, in self or others, of developing eating problems or disorders.	Ask for student suggestions on ways to seek or give help when they themselves or others close to them show signs of developing eating problems. Suggestions could include

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		• talking to a friend • talking to parents or other trusted relatives • talking to a teacher, guidance counsellor, nurse or doctor • consulting counsellors at an Eating Disorder Clinic or other Health Clinics The Women's Health Clinic (Winnipeg), for example, offers the following resources • a drop-in Teen Clinic • a dietitian • doctor's referral • low-cost and free counselling services • staff speakers to talk to groups of teachers on various health-related topics, including eating disorders • volunteer speakers to talk to and have participatory discussion with classes

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Other Resources • Manitoba Health Resource Centre, **Fear of Fat**, a film focussing on actual eating disorders. • Manitoba High Schools Athletic Association. **TARGET: Special Edition: Steroids and High School Athletics** February 1991. (M.H.S.A.A., 200 Main Street, Winnipeg, MB R3C 4M2; TARGET [204] 985-4002. • Manitoba High Schools Athletic Association. **Steroids: Shortcut to Make Believe Muscles**. 35 min., 1/2" VHS. • National Eating Disorder Information Centre, 200 Elizabeth Street, College Wing, 1-328, Toronto, On M5G 2C4, **An Introduction to Food and Weight Problems**, a booklet and teacher resource kit (cost $15.00). Two resources are available, one for people

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		with eating disorders and one containing more general information on eating disorders. Although targeted at younger children, it could be modified for senior years students. A newsletter bulletin is also available ($15.00 per year). • National Film Board, **Thin Dreams**, a 25-minute video made by Montreal high school girls.

UNIT 4: MENTAL HEALTH

3.0 Grief and Loss

MAJOR OBJECTIVE: To increase awareness of experiences of loss and grief and to learn how to support those who are in the process of dealing with loss and grief.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
3.1 recognize experiences creating a sense of loss and grief	Discuss, in a large group, situations that result in a sense of loss.	Lead a class discussion on the range of situations involving loss. Examples could include the following • death of a pet • break-up of a relationship • theft of a valued possession • death of a friend • moving • death of a relative • death of a parent
3.2 appreciate the importance of expressing and dealing with loss and grief	Discuss why it is important to come to terms with a loss.	Invite student suggestions as to why it is important to come to terms with a loss. Note that a person's refusal or inability to face or cope with loss or grief can have harmful consequences to his or her well-being.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		For example, it could result in • increased or prolonged anxiety • inability to function in daily activities or to carry out responsibilities • strained relationships
3.3 appreciate that each individual and cultural group has unique ways of responding to loss and grief	In a small group, propose and discuss a scenario involving the move of a family due to a job transfer to another province.	Divide students into small groups, and have each group propose and discuss a scenario involving the move of a family due to a job transfer to another province. Have each group consider the following questions • What kinds of losses might the various family members experience as a result of the move? • How might the various family members respond to the losses?
	Participate in a class discussion of the proposed scenarios.	Have the groups present the respective scenarios to the class and invite further discussion.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
3.4 understand the different mechanisms used in coping with loss and grief	Brainstorm a list of healthy strategies for coping with various situations involving loss and grief.	In a large group, formulate and record a list of healthy (positive) strategies for coping with various situations involving loss and grief.
3.5 recognize the range of emotions that could be experienced in the process of dying	Discuss the five stages of grieving identified in the work of Elizabeth Kübler-Ross.	Present and discuss the five stages of grieving identified in Elizabeth Kübler-Ross's work on death and dying • denial • anger • bargaining • depression • acceptance Note that individuals facing death may not experience all the stages and may not experience the stages in the same sequence.
3.6 develop an awareness of how one can support others in dealing with the death of a friend or family member	Suggest appropriate ways of responding and giving support to people experiencing the death of someone close to them.	Have students suggest appropriate ways of providing support for people experiencing death of someone close to them.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		For example • acknowledging the loss by offering sympathy without giving unwanted advice • respecting emotional expressions of grief • indicating willingness to listen • offering practical help, e.g, food, child care • maintaining contact over a period of time
3.7 know where to obtain help in coping with loss and grief, should the need arise	Identify local resources available to support people experiencing loss and grief.	Have students draw up a list of local resources available to support people experiencing loss and grief, such as the following • family members • friends • co-workers • clergy • counsellors • support groups • palliative care programs, e.g., in hospitals

APPENDIX 4 – UNIT 4

MENTAL HEALTH

Coddington's Life Event Scales*

Event	Weight	
	Children 6-11	Adolescents 12 and over
1. The death of a parent	109	108
2. The death of a brother or sister	86	88
3. Divorce of your parents	73	70
4. Marital separation of your parents	66	62
5. The death of a grandparent	56	52
6. Hospitalization	52	52
7. Remarriage of a parent to a stepparent	53	51
8. Birth of a brother or sister	50	50
9. Hospitalization of a brother or sister	47	49
10. Loss of a job by your father or mother	37	46
11. Major increase in your parents' income	28	41
12. Major decrease in your parents' income	29	43
13. Start of a new problem between your parents	44	41
14. End of a problem between your parents	27	30
15. Change in father's job so he has less time home	39	35
16. A new adult moving into your home.	41	34
17. Mother beginning to work outside the home	40	28
18. Beginning the first grade	20	--
19. Move to a new school district	35	41
20. Failing a grade in school	45	47
21. Suspension from school	30	34
22. Start of a new problem between you and your parents	43	43
23. End of a problem between you and your parents	34	35
24. Recognition for excelling in a sport or other activity	21	24
25. Appearance in juvenile court	33	31
26. Failing to achieve something you really wanted	28	32
27. Becoming an adult member of a church	21	25
28. Being invited to join a social organization	15	18
29. Death of a pet	40	--
30. Being hospitalized for illness or injury	53	50
31. Death of close friend	52	63
32. Becoming involved with drugs	38	45
33. Stopping the use of drugs	23	30
34. Finding an adult who really respects you	20	22
35. Outstanding personal achievement (special prize)	34	39
36. Being told you are very attractive by a friend	--	26
37. Going on the first date of your life	--	42
38. Finding a new dating partner	--	34
39. Breaking up with a boy/girlfriend	--	39
40. Being told to break up with a boy/girlfriend	--	35
41. Beginning the first year of senior high school	--	19
42. Graduating from high school	--	33
43. Being accepted at the college of your choice	--	39
44. Getting your first driver's license	--	32

45.	Being responsible for an automobile accident	--	36
46.	Being invited by a friend to break the law	--	21
47.	Getting a summer job	--	35
48.	Getting your first permanent job	--	40
49.	Deciding to leave home	--	41
50.	Being sent away from home	--	46
51.	Getting pregnant or fathering a pregnancy	--	girls 61/boys 88
52.	Getting married	--	78

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* Adapted with permission from R. Dean Coddington, M.D. ©

Source: Agency for Instructional Technology. **Facilitator's Guide for Your Choice ... Our Chance**. Bloomington, IN: Agency for Instructional Technology, 1989, p. 28.

Major Types of Mental Disorders

Anxiety Disorders: Everyone experiences fear and anxiety in response to life situations. However, when the far or anxiety becomes so severe or persistent that it affects overall enjoyment of life or interferes with normal everyday functioning, a person may be suffering from an anxiety disorder. **Anxiety states** may be experienced as a general state of apprehension or involve repeated panic attacks which can occur unpredictably or in response to specific situations. **Phobic disorders** are characterized by extreme irrational fear about objects, situations, activities or persons where the source of the far poses no real present danger, although it may have a basis in past experience.

Such excessive fears are called *phobias*. One common phobia is *agoraphobia* — fear of open spaces or going out alone. (See the following page for a list of some of the hundreds of phobias that have been identified.) An individual who responds to anxiety by allowing a thought to take over the mind and develops an uncontrollable need to repeat certain behaviours may be suffering from an **obsessive-compulsive disorder**.

Dissociative Disorders: Dissociative disorders involve unconscious loss of memory, loss of identity or change in personality. **Amnesia** is the sudden loss of memory either for a short period of time or permanently which may be caused by factors such as traumatic emotional experiences, physical injury, illness, or aging. A perron who changes between two or more personalities is suffering from another dissociative disorder called **multiple personality disorder**. Although these separate personalities coexist in one person, they do not know of each other's existence, and a shift from one to another cannot be controlled or predicted.

Mood or Affective Disorders: Affective disorders are serious disorders of mood, emotion or feeling. Nearly everyone experiences periods of depression. For most people depression is minor and short-lived. Some people, however, develop **major depression** or **clinical depression** to such an extreme that they lose interest in all aspects of life, leaving them incapable of coping with daily activities and responsibilities.

Another type of affective disorder is **bipolar disorder** or **manic-depressive disorder**, a condition in which a person experiences extreme and often sudden shifts in moods, alternating between **mania** (extreme excitement characterized by hyperactivity which affects concentration, judgment, functioning in social and work situations, etc., and may be accompanied by angry outbursts) and **depression** (deep, incapacitating moods of sadness or hopelessness).

Organic Mental Disorders: Organic mental disorders result from physical damage to the structure and function of the brain as a result of injuries, disease, strokes, chemical use, etc. Symptoms include amnesia, delirium, dementia, and hallucinations. An example of an organic mental disorder is *Alzheimer's* disease.

Personality Disorders: Each person develops distinctive personality traits which are reflected in patterns of thinking, feeling, behaviour and interactions with others. However, when a person's behaviours become so inflexible that they cause unhappiness, result in maladaptive relationships or interfere with daily functioning, the person may have a personality disorder. Various types of personality disorders have been identified, including the following: *antisocial, compulsive, introverted, narcissistic, oppositional, passive-aggressive, schizoid.*

Schizophrenia: Schizophrenia, meaning "split mind," is primarily a disorder of a person's logical thinking processes. Schizophrenia is characterized by confused thoughts, withdrawal, and unpredictable disturbances in perception, relationships, speech, and behaviour. Persons suffering from schizophrenia seem removed from reality.

Somatoform Disorders: A person suffering from a somatoform disorder has physiological symptoms of illness without any apparent underlying physical or organic cause. **Hypochondria** is a common somatoform disorder in which a person experiences constant or recurring anxiety about symptoms of illness, or imagines that minor physical problems are symptoms of major illness.

Sources:

Levy, Marvin R., Mark Dignan, and Janet H. Shirreffs. **Life and Health**. 5th ed. Toronto: Random House, 1987.

Meeks, Linda, and Phillip Heit. **Health: A Wellness Approach**. Toronto, ON: Merrill Publishing, 1991.

Prentice-Hall. **Health: Choosing Wellness**. Needham, MA: Prentice-Hall, 1989.

Phobias

People commonly have extreme irrational fears a: out objects, situations, or persons when the source of the fear does not pose a real present danger. These fears are known as phobias. The following are some of the hundreds of phobias that have been identified:

Phobia	Fear Of
Acrophobia	heights
Aerophobia	flying
Agoraphobia	open spaces, going out alone
Ailurophobia	cats
Algophobia	pain
Amaxophobia	vehicles, driving
Anthophobia	flowers
Aquaphobia	water
Arachnophobia	spiders
Astraphobia	lightning
Brontophobia	thunder
Claustrophobia	small, closed spaces
Cynophobia	dogs
Dementophobia	insanity
Gephyrophobia	bridges
Hematophobia	the sight of blood
Herpetophobia	reptiles
Hydrophobia	water
Monophobia	being alone
Murophobia	mice
Mysophobia	dirt and germs
Numerophobia	numbers
Nyctophobia	darkness
Ochlophobia	crowds
Ophidiophobia	snakes
Ornithophbia	birds
Phonophobia	speaking aloud
Pyrophobia	fire
Thanatophobia	death and dying
Trichophobia	hair
Xenophobia	strangers and the unknown
Zoophobia	animals

Somatotypes

What Is Your Body Build?

The body build — general size and shape including the bone structure, muscle and fat distribution — is inherited. It is a fact that some people are tall, large-boned and heavy, and others are short, round, and stocky. Not everyone is meant to be thin. Dieters should look at their body type and percent fat and be realistic about weight goals. This categorizing of body shapes is called somatotyping. There are three basic comatotypes or extremes of body build: ectomorph, endomorph, and mesomorph. Each of us resembles one or a combination of these types.

Ectomorph

The **ectomorph** has a long, lean body build. The skeletal structure is light and the muscle development usually small. Ectomorphs are seldom overweight and actually might be extremely thin. They can often eat extravagant amounts of food without gaining a pound. Usually the ectomorph is physically active.

Endomorph

The **endomorph** is typically round and soft with large hips and well covered with fat. They usually have trouble maintaining a reasonable weight because they easily store fat. Endomorphs tend to prefer slower motions with longer periods of rest.

Mesomorph

Finally there is the **mesomorph**. This person has a large, heavy frame with good muscle development. They are usually not overweight but the scales may still read high because of their heavy bones and muscles. The activity pattern of the mesomorph is to perform strenuously for relatively short periods of time.

Understanding body build will help set realistic goals for weight control. For example, the individual with a soft, round endomorphic body build can never expect to look like a long, lean ectomorph. We have to learn to be content with our body build because little can be done to change it. The only aspect which can be altered is the amount of fat on the body. That is why the correct weight of any individual should be judged only in relation to body build.

Make an overhead (or wall chart) of "What is Your Body Build?" or have members lay on large sheets of brown paper and trace each other's outline.

Discuss body types and encourage would-be dieters to be realistic about the shape they strive to attain.

Weight Related Issues

This section includes a variety of topics. Some information might help you answer questions concerning current issues such as eating disorders, or help dispel many of the nutrition-related myths.

These are likely not topics you will want to include in regular class information as some are just "theories," i.e., not proven beyond a doubt, or research in the area is not complete. Nevertheless, the issues are current and, if nothing else, may provide you with entertaining reading!

Set Point Theory

Sometimes the body itself seems to dictate what it wants to weight and how much fat it wants to store. It appear that both humans and animals tend to regulate body weight around a "set point" that is maintained against some remarkable odds. For example, when experimental subjects are made to overeat and gain weight, they spontaneously lose weight back to whatever is normal for them once the experiment is over; and animals who undergo surgical removal of fat tissue compensate afterwards by overfilling fat cells until their boy content is back where it started. It is thought that increases and decreases in "brown fat" activity may be involved with the "set point."

Brown Fat

It has been known for a while that some animals have two types of fat in their bodies — white fat which stores energy for later use, and brown fat which releases energy as heat only. Brown fat is what hibernating animals use to keep themselves warm through the cold season. It was thought to have little importance for adult humans who prefer to heat their surroundings and wear extra clothes for warmth.

Recently much time has been spent investigating metabolic pathways in which excess energy (calories) is oxidized and given off as heat rather than being captured and stored as fat. The tissue which gives off the extra energy as heat, rather than storing it, is brown fat.

This could account for those who can "eat anything" and never gain an ounce. Rather than storing the unused calories in white fat, their brown fat is stimulated to change the excess energy to heat.

Unfortunately, it is still not clear how large a part brown fat plays in human energy balance, nor is it possible to quantitate the amount of functional brown fat tissue in man (even if tissue mass could be discerned, it would still be necessary to be able to measure how much of it an dhow often it is active in heat production).

In experimental animals, brown fat activity is stimulated by feeling and cold. For both animals and humans the tissue is largely unexplored and will be an interesting avenue of further research.

The Fat Cell Theory

Critics agree there are certain periods in life when body fat cells can increase in number: early infancy (up to about 2 years), preadolescence and adolescence and possible the third trimester of pregnancy. The theory suggests the fat cell number is fixed by adulthood, and may change only in size with increases and decreases in body fat. With this in mind, an obese adult who loses body fat will always have an abnormally high number of fat cells and will gain weight more easily than a lean counterpart. The lean person will not gain fat as easily as she/he has fewer cells which will only stretch so far to store fat. The theory has been criticized, but does point to the importance of preventing obesity during times of growth.

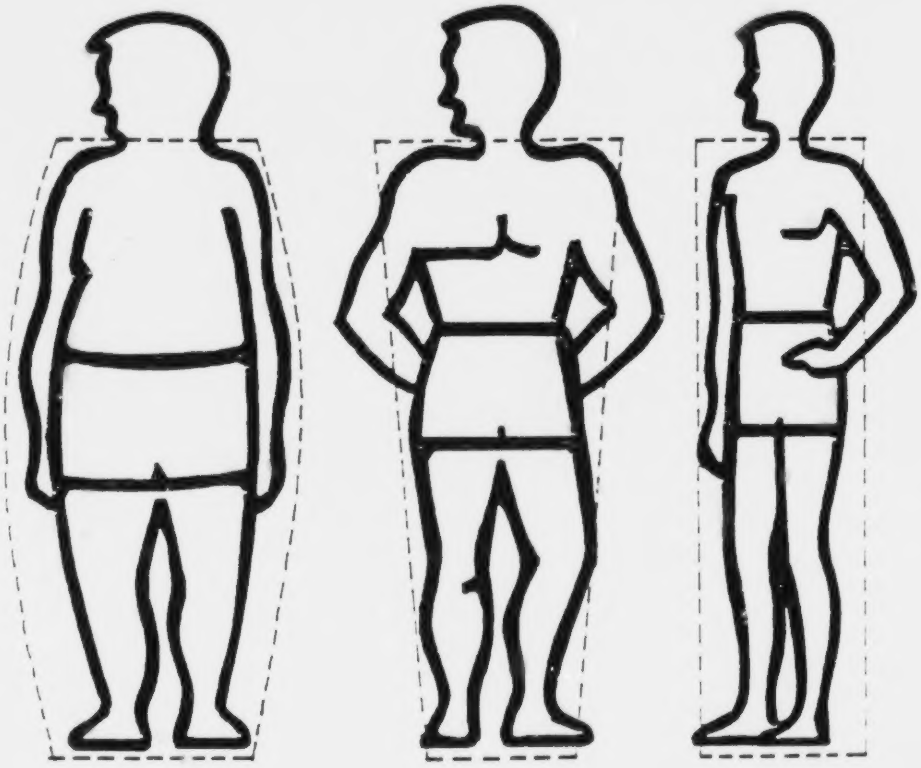
Cellulite

Some believe there are two kinds of body fat: regular fat and "cellulite." The term cellulite is used to describe the hard lumpy fat on women's hips and thighs. It is said to stubbornly resist diet and exercise, being "burned up" only after it has been broken down by massage with special brushes, soaps, etc.

Consumers should be aware there is no scientific evidence that "cellulite" actually exists and no evidence supporting any cellulite remedies. Medical, nutrition and fitness professionals agree "fat is fat."

WHAT IS YOUR BODY BUILD?

Illustrated below are three *extremes* of body build. Choose the body build which you most closely resemble.



ENDOMORPH ☐ MESOMORPH ☐ ECTOMORPH ☐

Most of us are a combination of body types. What combination do you think you are?

(answer) ______________________________

Manitoba Milk Producers' Marketing Board
(source: Ontario Milk Marketing Board)

Case Study: Steroid Use

Ryan hopes to be accepted as a player on the football team for the next season. He would be more attractive to the team if he were bigger and more muscular. Ryan's friend, Tyler, who made the team last year, has suggested that Ryan try "roids" (steroids). Tyler said after he started using them he put on over 20 kg in eight weeks and increased his muscle mass by 40%. His new-found confidence has made him more aggressive in playing the game.

Ryan is in a dilemma about what he should do.

Discussion Questions

- Do you think Ryan should try steroids? Why or why not?
- Do you think Ryan's friend will experience short- and long-term effects of steroid use? Describe both.
- Was Tyler's aggressive behaviour really due to confidence.
- At what level does drug testing begin to take place in sport? What are the consequences of testing positive?

Case Study: Bulimia

(Written by Gerry Martin)

Tilly is a 31-year-old woman who has been married for 7 years and has a 6-year-old son and 4-year-old daughter. She works as an executive assistant in a marketing firm for women's fashions. She is the second oldest from a family of five (3 brothers, 1 sister) and the only girl to go on to university and get a degree. Her younger sister (24 years old) has a part-time job and still lives at home with her parents, although she is engaged to be married this summer. Two of her brothers (35 years old, and 29 years old) have gone to college and received diplomas in their chosen careers and are working comfortably in jobs with long-standing employers.

Although Tilly is doing well in her own job, she secretly still feels she has to do as well or better than her brothers who seem to hold her parents' pride and respect. Tilly's father has been a transit bus driver for 35 years and plans to retire soon. He has never approved of women working at "men's jobs." Tilly's husband is a cabinet-maker working in a local company and doesn't mind that Tilly makes more money than he does and accepts her choice to be a career woman, mother and wife.

For the past 4 years, Tilly has developed the habit of "eating and running." She uses her job which involves many urgent meetings and buying trips as an excuse for her eating patterns, as well as a way to hide her behaviour. During and after her last pregnancy Tilly began to feel and see herself as being fat and unattractive and soon began to feel guilty about eating.

She began a rigorous exercise program and secretly vomited shortly after eating. She also began to take large amounts of multipurpose vitamins. Now Tilly only feels good about herself when she can slip into a size 5-6 of the latest fashion designs. She has begun to miss a few days of work each month because she is fatigued and anaemic, but refuses to go visit her family doctor. Her feelings of guilt are leading her into periods of depression and withdrawal.

Discussion Questions

- Do you think Tilly has an eating problem?
- Can you identify some factors that may have contributed to Tilly's eating disorder?
- Do you think Tilly's self-esteem is healthy?
- What do you think could help Tilly deal with her situation in a healthy way?

Case Study: Anorexia

(Written by Andre Boulanger)

Beth's Story

When someone I don't know very well asks me to describe myself in a few words, the first phrase that comes to my mind is "I'm an Anorexic." Because the obsession with food has been allowed to govern every aspect of my life, it seems to be the only personality trait that I can recognize. During the last 12 months I have begun to look at other areas of my personality so I can come to grips with anorexia. I must try to understand what is lacking in these other areas that have made it necessary for me to turn to more and more obsessive behaviours involving food.

As a 17-year-old student, I can look at and understand the reason why high school perpetuated my eating disorder once it began. I moved to my high school in Grade 10. This school had a much larger enrollment than my last one. I felt lost in a sea of new faces and different classes. Because I already had low self-esteem, making new friends was difficult.

Low grades on my first report card found me criticizing myself for not having a better achievement record. Self-criticism turned quickly into self-hatred as every shortcoming I saw in myself became magnified and piled up on others. The only thing I had complete control over was what I ate and how well I lost weight. As my classmates' compliments and encouragement began to diminish, my weight began to fall even more quickly. I needed desperately to receive approval from other people.

When my appearance became so unattractively thin that it brought only shocked stares from friends and strangers, I hung on to the goal of impossible thinness as the last solid ground to support me. I pushed my body past its physical limits: cycling for two hours every night after class, sleeping only four or five hours a night and "living" on less than 200 calories a day. I could not have made a logical decision to save my life. At 36 kgs, the choice was out of my hands.

Now after two years of struggling against a fear that I still can't fully understand, I'm beginning to see the reasons for my illness and the reasons that recovery from an eating disorder is long and painful. I've seen doctors, dieticians and psychiatrists. Why, when I can't cope do I pretend I can, and why have I lived all these years not liking myself? I did have a weight problem when I was young, and somehow that snowballed into a self-hatred that caused me to go to the lengths I did to try to feel good about myself.

Coupling that with my father's death when I was 10 years old and my mother's hospital stays for heart attacks and bypass surgery, it is not hard to foresee an eventual collapse somewhere. I felt totally alone and because I didn't feel able to talk to anyone about my problems, it became easier to isolate myself from friends and family. The insecurity I felt became more and more turned inward, and the cycle of obsessive calorie counting was all I had left.

Today, I know that the worst thing I can do is set myself off from other people. I must learn to deal with fear in more constructive ways than by weight and food obsessiveness.

I must learn to accept the person that I am, and not agonize over the perfect person I will never be.

(Adapted from "Beth's Story," **Anorexia Nervosa and Bulimia** (Winnipeg, MB: Anorexia Nervosa and Bulimia Foundation of Canada Inc.)

Discussion Questions

- List and discuss the reasons why Beth eventually became anorexic.
- Whom could Beth have talked to once she discovered she had an eating disorder?
- What other family or school problems do teenagers face which could put undue pressure on them and perhaps lead them to anorexia?
- Did Beth think she looked attractive at 36 kgs? If not, why did she keep trying to lose weight?
- If Beth had not sought help when she did, what other physical ailments might she have acquired?

UNIT 5

TRANSITIONS

UNIT 5: TRANSITIONS

1.0 Transitions Defined

MAJOR OBJECTIVE: To understand the importance of transitions in life as well as helpful resources.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
1.1 understand the meaning of transitions	Discuss transitions and suggest possible examples.	Discuss with students that life is full of changes. Some you are glad to make; some are hard to take; others are forced on you. In a book entitled **Passages**, author Gail Sheehy states that if you do not change, you do not grow. Explore with students the concept that there is no single predictable adult experience — there are many and they frequently involve transitions. From childhood through adulthood, people are continually at the beginning, in the midst of and resolving transitions — some expected, others not. At times, we feel comfortable in our roles, at

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		other times uncertain about what is ahead. Although we all experience transitions, our lives are so different that one person may go from crisis to crisis while another may experience relatively few strains. These differences depend on many factors, but one of the least telling is chronological age. Reference: **Today's Family: A Critical Focus**, Meiklejohn, et al, p. 96. Examples you might use are • It is less important to know that a person is 50 years old than to know that the person is a newlywed, the parent of adolescent children, recently divorced or about to retire. • Newlyweds of any age are engaged in similar tasks of bonding, discovery, and negotiation.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Suggest that the adult years are variable and we cannot assume that particular transitions will necessarily occur at specific ages. The transitions in our lives are those events — or movements — that alter our roles, relationships, routines and assumptions. They include: • anticipated transitions, e.g., marrying, becoming a parent, starting a first job • unanticipated transitions, e.g., major surgery, car accident
	Brainstorm the two identified transitions and compile a list for each category.	Using the three categories, have the class brainstorm the possibilities under each category and write them on the board or an overhead.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
1.2 analyze transitions and resources for dealing with them	Identify someone who has dealt successfully with an anticipated transition. Determine what resources this individual had in coping with the transition using the four categories. **Optional**: Interview the person. Compare the person's list with your list.	Using the student notes in the Appendix tell students that it is possible to predict how people will cope by looking at the balance of people's resources and deficits in each of the four categories • situation • self • supports • strategies

UNIT 5: TRANSITIONS

2.0 **Family Life Stages**

MAJOR OBJECTIVE: To analyze the effect of transitions on various stages of the life cycle.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
2.1 understand family life stages	Examine a diagram of the family life stages (life cycle). Discuss the stages • families with teenagers • launching years	Have students examine the diagram and read the brief description of the two identified life stages (see Appendix). Ask students to reflect on the possible pleasures and stresses for parents and their children during these stages. Teachers may wish to divide them in groups and assign the a stage. **Families with teenagers** • Stresses for teenagers • Stresses for parents • Pleasures for teenagers • Pleasures for parents

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Discuss findings with the class.	**Launching years** • Stresses for teenagers • Stresses for parents • Pleasures for teenagers • Pleasures for parents Have the groups report to the class.
2.2 analyze transitions at several family stages	List possible transitions at two stages of the life cycle. Discuss questions raised about the transitions.	Using the life cycle have students chronicle the transitions that could be anticipated for a particular family at both stages previously mentioned. Select any two of these transitions. How could roles, relationships, routines and assumptions change? Point out the similarities and differences between the two selected transitions.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		Identify why a parent and teenager/young adult may be in conflict. Could part of the problem be the transitions each faces? Suggest some practical suggestions for smooth transitions. Emphasize that by systematically sizing up transitions and our resources for dealing with them, we can build on our strengths, diminish our losses and grow in the process throughout life.

UNIT 5: TRANSITIONS

3.0 Healthy Relationships

MAJOR OBJECTIVE: To recognize characteristics of healthy relationships and indicators of abusive relationships.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to		
3.1 recognize future roles in healthy relationships	Discuss the importance of developing healthy relationships.	
	Brainstorm some criteria for defining a healthy relationship.	
	Develop a "partner checklist" for healthy relationships.	Have students develop a partner checklist for a healthy relationship. Teachers may wish to have them work in groups.
3.2 know some criteria for identifying relationship problems	Identify some problems with relationship violence/abuse.	Depending on student interest and/or appropriateness, teachers may wish to discuss relationship violence with the class. **Toward Healthy Relationships** (Manitoba Education and Training/Brandon YWCA) includes excellent

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		background information on power in relationships, types of violence and abuse, and prevention of violence/abuse.
3.3 recognize violence prevention strategies in relationships	Suggest possible violence prevention strategies in relationships.	**Violence Against Women: Learning Activities to Prevent Violence Against Women**, Senior 1-4, (Manitoba Education and Training, 1991), is an excellent resource to find appropriate examples for class discussion.

UNIT 5: TRANSITIONS

4.0 Parenting as a Future Role

MAJOR OBJECTIVE: To recognize the importance of effective parenting.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
Students should be able to 4.1 recognize the importance of parenting as a future role	In groups, develop a list of parenting functions.	Students may have been exposed to this content in Family Life Education or Home Economics. If so, simply review parenting functions such as the following • to nurture and protect • to provide values base • to socialize • to ensure safety
4.2 understand parent qualifications	Write a job description for a parent.	Have students develop the job description using the outline provided. It would be helpful to pretend that you are a baby who could employ ideal parents. What qualifications

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
		would you expect them to have? The job description is for the parents you would like to hire. **Headings** • Job title • Job description, e.g., duties,hours, length of employment, responsibilities • Personal qualifications required, e.g., communication skills • Education desired • Salary • Benefits • Retirement
4.3 understand the basic needs of an infant	Identify the basic needs of an infant.	Have the class research the following needs of an infant • bonding • feeding • clothing • bathing • sleeping • elimination • exercising • enhancing intellectual development • language development (verbal and non-verbal communication)

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Report on how the needs of an infant can be met.	**Excellent resources** • **The Developing Child**, Brisbane, Holly E. Glencoe Publishing, 1988. • **Child Development: Roles, Responsibilities**, Resources. Prentice-Hall, 1990. Divide these topics among class members and have students compile a brief report.
4.4 understand some developmental stages of children	Prepare a report on one developmental stage of a child: infant, toddler, pre-school.	Have students select a particular age (individually or as a group project). Have them report on the physical development, emotional and social development, intellectual development.
4.5 recognize the importance of guiding children and building self-esteem	Discuss the importance of guiding children in a positive way.	Explain to the students that guidance means communicating with children without shaming or threatening them, and without comparing them with each other. Emphasize the importance of modelling, e.g., patience, and explanations.

OBJECTIVES	SUGGESTED STUDENT ACTIVITIES	TEACHER NOTES
	Brainstorm examples of inappropriate guidance. Rewrite the examples so that they express guidance principles.	Inappropriate examples • "Look at Bob. He was a good boy and drank all his milk." Change to • "Bob, I notice you're just about finished drinking your milk." Have students discuss why self-esteem is so important at all stages of one's life.
4.6 recognize the process by which people learn parenting skills	Brainstorm ways in which parenting skills are learned.	Have students suggest parenting models. Point out that not all role models are positive.

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APPENDIX – UNIT 5

TRANSITIONS

Student Background Notes

Author Phyllis Meiklejohn in her book **Today's Family: A Critical Focus** (page 97) suggests that people experiencing change transitions have both strengths and weaknesses. By clustering these strengths an weaknesses into four major categories — situation, self, supports, and strategies — it is possible to make an attempt to predict how they will cope.

Situation

- How does the person see the transition? Is it expected, unexpected, desired or dreaded, negative or positive?
- Are there other stresses? Is this a personal transition or a reaction to another family or friend's transition?
- How is it timed? Is it the beginning or end of the transition or somewhere in between?

Self

- Is the person an optimist or slightly pessimistic?
- How has the person behaved in a previous experience?
- Does the person see any options or personal choices?
- Is the person able to weight all the possibilities and make a rational decision?

Support

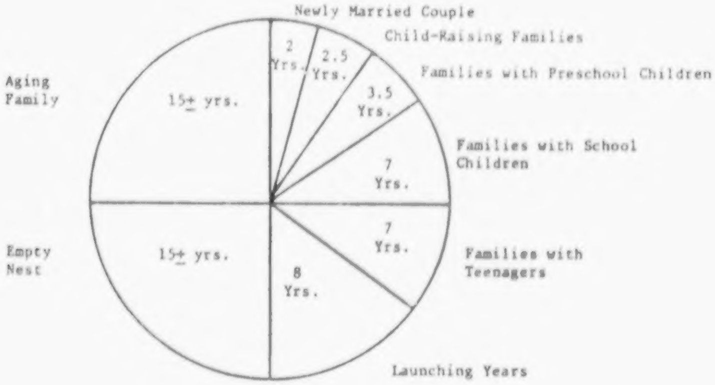
- What emotional supports are available from family, friends, and other students or coworkers?
- Are there external supports to help? Others, e.g., financial support?

Strategies

- Knowing about the nature of transitions can help us to deal with and find ways to cope with them. A creative person may use a number of strategies.
- If one examines all four categories, it may be possible o target the problem area and ease the pain of change by modifying that area.

Family Life Stages

Couples can expect to go through many changes throughout their married lives. These changes are fairly predictable and form a pattern known a the family life stages. At each stage, the couple is presented with new challenges and demands as well as the joys and sorrows that accompany each change.



N.B. The years represented here are approximate.

- **Newly-Married Couple**

  The first few years of a young couple's life are devoted to learning about one another, to establishing themselves financially, and adjusting to their new marital status. This stage usually lats a few years.

- **Child-Raising Years**

  With the arrival of the first child, couples move into the second phase of the family life stages. The addition of children to the family requires new attitudes towards money, time, space, and possibly the acquisition of new friends who share an interest in child development and parenting.

- **Families with Preschool Children**

  This stage exerts great demands on the time and energy of mothers and fathers. In fact, parents may find themselves with little money or time for activities other than those involved in meeting the needs of their children. Both parents may need or choose to work to provide a desired level of living or one parent may remain at home full time to care for the young children.

- **Families with School Children**

Although school-aged children do not demand of their parents the intense physical care that preschool children do, parents may find their energies and finances stretched as they support their children in various sports, clubs, etc., involving friends or the school. For some families, there is little time, energy, or money to involve themselves in activities other than those which directly affect their family members.

At this stage, the parent who has remained at home may begin to work outside the home to help support the family financially.

- **Families with Teenagers**

The family, at this stage, may feel the effects of crowding. Teenage children are expensive to clothe, fed, entertain, and educate. Although teenagers may prefer to spend little time with their parents, parents are nonetheless very involved and concerned for the well-being and future successes of their children.

As teenagers are relatively self-sufficient, parents **may** once again find they have more time to themselves and for each other.

- **Launching Years**

During this stage, parents gradually send their children forth into the world to establish their own independence through education, work, marriage, and/or the forming of families of their own. Both parents and children may experience a feeling of pride and accomplishment.

- **Empty Nest**

After all of the children have been launched, parents return to being a couple again. The financial needs of their children have been removed, and parents may find themselves enjoying work, travel, leisure and the companionship of their partners. The empty nest period allows couples time to prepare for retirement. A recent change in this stage is the development of the sandwich family in which a couple's children come back to the empty nest, sometimes with their own children. Aging parents may require assistance at this point, causing the "sandwich" family to feel pressure from both sides.

- **Aging Family**

  Individuals and couples who are prepared for retirement will not find the adjustment to leaving work difficult. It impossible for aging individuals to become involved in meaningful and stimulating activities. They may also provide support for their children.

This eight point outline is a traditions look at the family life stages. It represents a model within which there are innumerable variations. For example, couples who are childless skip several of these stages. Illness, death, divorce, or remarriage can cause a readjustment of the model. Couples who have children after many years of marriage or space their children several years apart end up being in more than one stage at a time.

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The film also looks at his courageous battle to regain meaning in his life. Actual interviews with psychiatrists with opposing views of mental illness are also included. The Myths of mental illness "raises questions about coping with stressful life and work situations: mental health and illness; psychiatry, drug therapy, and psychotherapy; the healing potential in human relationships; human freedom and dignity; technology and the invasion of privacy; and media integrity."

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